



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

MILITARY APPLICATION

This application is available for active members of the military, spouses, and/or dependents of an active member of the military who have held a license issued by another state/US Territory/US Military for at least one (1) year. There is no fee for this application.

Instructions: This form must be completed and accompanied by the following attachments:

1. Two (2) passport style color photograph taken within the last ninety (90) days of application date;
2. Two (2) current forms of identification of which at least one (1) must be a government issued identification with photograph;
3. A color copy of the applicant's current and valid, out-of-state (or US Territory) practitioner or instructor license;
4. Certified letter/Certification/Verification/Affidavit with proof of good standing from the out-of-state's (or US Territory) licensing board;
5. Proof of active membership in the military OR proof of marriage or dependency on an active member of the Military; and
6. Service Order Requesting Relocation.

Return to MSBCB, PO Box 55689, Jackson, MS 39296-5689

Name: (First, Middle, Last)

Physical Address:

Mailing Address:

Phone:

E-Mail:

DOB: ____/____/____

Social Security Number: _____

License Held (both current and former):

State/US Territory	License Type	License Number	Issue Date	Active/Expired

For professional licenses held in any state or US Territory or US Military, has your license ever been the subject of a complaint?

☐

Yes

☐

No

If yes, please explain, and include the outcome of the complaint with dates. You may use additional pages if necessary.

For professional licenses held in any state or US Territory or US Military, have you ever been subject to discipline?

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Yes

☐

No

If yes, please explain. You may use additional pages if necessary.

For professional licenses held in any state or US Territory or US Military, have you ever had a license revoked or suspended?

☐

Yes

☐

No

If yes, please explain. You may use additional pages if necessary.

For professional licenses held in any state or US Territory or US Military, have you ever surrendered a license?

☐ Yes ☐ No

If yes, please explain. You may use additional pages if necessary.

Have you ever been denied a professional license by any state or US Territory or US Military?

☐ Yes ☐ No

If yes, please explain. You may use additional pages if necessary.

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please complete a Fresh Start Act Consideration Request.

License Type Requested:

☐ Cosmetologist ☐ Barber ☐ Nail Technician ☐ Esthetician ☐ Instructor

Name of salon/shop where you will work after licensure: (if employed)

Salon/Shop mailing Address:

License number of salon/shop where you will work: _____

I certify, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

Signature

Date