

Mississippi State Board of Cosmetology  
Jackson, MS 39296-5689  
P.O. Box 55689  
(601)359-1820 Fax: (601)354-6639

Date transmitted to Testing Company:  
\_\_\_\_\_

Approved:_____	
By	Date
_____	
Reg.#	Exam Date
_____	
License#	Mail Date

**EXAMINATION APPROVAL FORM**  
Cosmetologist; Manicurist; Esthetician

**This form must be completed and accompanied by the following items:**

- A. Two (2) Passport Photographs, taken within the last 90 days.**
- B. If applicable, record of previous license:**
  - a. Registration Number:\_\_\_\_\_
  - b. Approx. Expiration Date:\_\_\_\_\_

NOTE: If over one year has lapsed since completion of your training, you may not be eligible for examination at this time. Please contact the MSBC for further information.

*If this form is incomplete, it cannot be processed and will be returned to you.*

THIS FORM IS TWO (2) PAGES. PLEASE MAKE SURE YOU COMPLETE BOTH PAGES.  
Any false statement knowingly made or contrived by the applicant is good cause for rejection of license after license has been granted (Law 73-7-27).

I hereby make application for approval for examination as a (**check only one**):

Cosmetologist:\_\_\_\_\_ Manicurist:\_\_\_\_\_ Esthetician:\_\_\_\_\_

1. Name: \_\_\_\_\_  
Last First Middle Initial
2. Address: \_\_\_\_\_  
City County State Zip Code
3. Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_
4. Email address \_\_\_\_\_ Place of Birth \_\_\_\_\_
5. Sex: Male/Female \_\_\_\_\_ Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Date of Birth \_\_\_\_\_
6. Can you read, write, and speak the English language? \_\_\_\_\_
7. Name of Cosmetology School Attended \_\_\_\_\_
8. Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain; \_\_\_\_\_

9. Have you previously filed an application for examination with the MS State Board of Cosmetology? \_\_\_\_\_  
 If yes, then state kind of application: \_\_\_\_\_ Approx. Date: \_\_\_\_\_
- Name in which application was filed: \_\_\_\_\_  
Last First Middle Initial
10. Have you held a license in any other name(s) than those already indicated? If yes, please list:  
 \_\_\_\_\_
11. Approximate date of **original** licensure: \_\_\_\_\_

**IMPORTANT:**  
**The Board of Cosmetology reserves the right to require further evidence of information from the applicant, the school, or others regarding any information contained within this application.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR PERMIT TO WORK**

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Name of Salon

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Salon Address

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Salon Registration Number	Salon License Number	Expiration Date
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Supervisor's Name	Registration #	License #	Expiration Date
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Date	Applicants Signature
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Applicant- please PRINT your name clearly	Social Security Number
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**\*\*\*ALL INFORMATION MUST BE SUBMITTED ACCURATELY AND COMPLETELY OR PERMIT APPLICATION WILL BE REJECTED AND RETURNED TO STUDENT FOR COMPLETION!!!!**