**APPLICATION OF INTENT**

**APPLY FOR RECIPROCITY**

**EXAMINATION OR LICENSURE**

The information contained on this application form must be current and accurate since the applicant cannot proceed with the credentialing process until notified that his or her certification records have been received by the Mississippi State Board of Cosmetology.

|  |  |
| --- | --- |
| Name(Last, First, Middle, Maiden) |  |
| Mailing Address |  |
| Telephone Number |  |
| Alternate Number |  |
| Date Of Birth |  |
| Social Security Number |  |
| Sex: Male Or Female |  |
| Height |  |
| Eye Color |  |

|  |  |
| --- | --- |
| School Name In Which Training Was Acquired |  |
| School City/State |  |

|  |  |
| --- | --- |
| State(S) In Which Currently Licensed (List All) |  |
| License Type | Cosmetologist | Esthetician | Manicurist | Instructor |

|  |  |
| --- | --- |
| Have You Ever Been Convicted Of A Felony? | If Yes, Please Explain |

|  |  |
| --- | --- |
| Have You Previously Filed An Application With The Ms State Board Of Cosmetology? |  |
| If Yes, Then State Kind Of Application And Date |  |
| Name In Which Application Was Filed |  |

By signing this application, I certify that the information provided above is true and accurate under penalty of perjury.

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Applicant’s Signature Date