

**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. This entire application must be completed to proceed with the reciprocity process.

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

School Name In Which Training Was Acquired	
School City/State	
License Number	
Were Any Hours Completed By Apprenticeship?	If Yes, Identify Total Amount

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 / Attach Release Form
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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.

Applicant's Signature

Date