**MS STATE BOARD OF COSMETOLOGY**

**INITIAL LICENSURE APPLICATION**

This form must Be Completed and Accompanied by the Following Items:

1. **Score Sheet with Passing Grade (Theory and Practical)**
2. **Check or money order for $50 for Cosmetologist, Manicurist & Esthetician License**
3. **Check or money order for $70 for Master’s License**
4. **Check or money order for $80 for Instructors License**
5. **2 Passport photos**

|  |  |
| --- | --- |
| **NAME:** |  |
| **ADDRESS:** |  |
| **SOCIAL SECURITY NUMBER:** |  |
| **PHONE:** |  |

|  |
| --- |
| **TYPE OF LICENSE APPLYING FOR:** |
| **COSMETOLOGIST** | **ESTHETICIAN** | **MANICURIST** |
| **MASTER COSMETOLOGIST**  | **MASTER ESTHETICIAN** | **MASTER MANICURIST** |
| **COSMETOLOGIST INSTRUCTOR** | **ESTHETICS INSTRUCTORS** | **MANICURING INSTRUCTOR** |

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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

MS State Board of Cosmetology

Post Office Box 55689

Jackson, MS 39296-5689

Phone: 601-359-1820