

UNIVERSAL RECOGNITION OF A PROFESSIONAL LICENSE

AFFIDAVIT

By Work Experience

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, the undersigned, \_\_\_\_\_ being duly sworn, hereby deposes and say:

1. I am at least 17 years of age and am a resident of the State of \_\_\_\_\_. I have personal knowledge of the facts herein, and if called as a witness, could testify completely thereto.

2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.

- a. I have worked in the State of \_\_\_\_\_, for a period of three (3) years or more and that State does not use a license to regulate a lawful occupation and have provided IRS Form W-2 or 1099 from a salon or schools for the three (3) years, or space (or station) rental receipts from the salon establishment for the three (3) years or IRS tax returns indicating revenue from salon establishment for the three (3) years;
- b. I am have established residency in Mississippi.
- c. I have not committed any act in the other state that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed, and I do not have a disqualifying criminal record as determined by this Board under Mississippi law; and
- d. I have not surrendered a license because of negligence or intentional misconduct related to my work in this, or any other, occupation in another state; and
- e. I do not have a complaint, allegation or investigation pending before any licensing Board in Mississippi or any other state that relates to unprofessional conduct or an alleged crime; and
- f. I have submitted a completed Application for Professional Licensure; and work experience.
- g. I have paid all applicable fees in Mississippi.

I further understand that prior to the issuance of a Temporary Practice Permit I must produce proof of a Mississippi state-issued identification card; or

1. current Mississippi residential utility bill with the applicant's name and address; or
2. documentation of current ownership, or current lease of a residence in Mississippi; or
3. documentation of current in-state employment or notarized letter of promise of employment; or

4. any verifiable documentation demonstrating your Mississippi residence as approved by this Board.

I understand that I may practice under the Temporary Practice Permit until a license is granted, or until a notice to deny the license is issued, in accordance with Rules adopted by the Mississippi State Board of Cosmetology; and the Temporary Practice Permit will expire in 365 days after its issuance.

Sworn to and signed by the applicant,

\_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

#### NOTARY ACKNOWLEDGMENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

\_\_\_\_\_  
My Commission Expires