

### **MISSISSIPPI STATE BOARD OF COSMETOLOGY**

#### **MILITARY PROFESSIONAL LICENSING APPLICATION**

THE INFORMATION CONTAINED ON THIS APPLICATION FORM MUST BE CURRENT AND ACCURATE SINCE THE APPLICANT CANNOT PROCEED WITH THE CREDIATIALING PROCESS UNTIL NOTIFIED THAT HIS/HER CERTIFICATION RECORDS HAVE BEEN RECEIVED BY THE MISSISSPPI STATE BOARD OF COSMETOLOGY (MSBC).

#### MSBC WAIVED APPLICATION FEE \$55.00 FOR MILITARY

# THIS ENTIRE APPLICATION MUST BE COMPLETED TO PROCEED WITH THE LICENSING PROCESS.

NAME	
(Last, first, Middle, Maiden)	
Mailing Address	
Telephone Number	
Alternative Phone Number	
Email Address	
Date of Birth	
Social Security Number	
Sex: Male or Female	
Active Military or Sponsored	

School Name in Which Training Was	
Acquired	
School City/State	
Practitioner License Number	
Were Any hours Completed by	If yes, Identify Total Amount
Apprenticeship	

State(s) in Which Currently Licensed (List All)		Certification from state(s) that you held a license Must co directly from the other State Board Agency to MSBC.					!	
License type	Cosmetology		Esthetician		Manicure		Instructor	

Have you previously filed an application with the MS State Board of Cosmetology? Yes \_\_\_\_ No \_\_\_\_ If yes, then state kind of application and date

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain/attach release form.

## Must submit the following information with application

- 1. Copy of Military Orders
- 2. Color Copy of Military Identification (If married will need copy of both the individual's Military Identification)
- 3. Copy of Driver's License (If married need copy of both the individual's Driver Licenses)
- 4. Passport Picture (2x2)

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

Applicant's Signature

Date