



**MISSISSIPPI STATE BOARD OF COSMETOLOGY**

**MILITARY PROFESSIONAL LICENSING APPLICATION (BY WORK EXPERIENCE)**

THE INFORMATION CONTAINED ON THIS APPLICATION FORM MUST BE CURRENT AND ACCURATE SINCE THE APPLICANT CANNOT PROCEED WITH THE CREDIATING PROCESS UNTIL NOTIFIED THAT HIS/HER CERTIFICATION RECORDS HAVE BEEN RECEIVED BY THE MISSISSIPPI 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

Name(s) of Salon/Business where you acquired your work experience

Type of work you performed	Cosmetology		Esthetician		Manicure		Instructor	
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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)
5. Verification of work experience (W-2 or 1099, Booth/Station Rental Receipts, or IRS Tax Returns)

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

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date