



**MS STATE BOARD OF COSMETOLOGY**

**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 CREDIATIALING PROCESS UNTIL NOTIFIED THAT HIS/HER CERTIFICATION RECORDS HAVE BEEN RECEIVED BY THE MISSISSPPI STATE BOARD OF COSMETOLOGY. (MSBC)

**THE REQUIRED APPLICATION PROCESSING FEE \$55.00 IS NON-REFUNDABLE**

**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	

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.	Cosmetologist	Esthetician	Manicurist	Instructor	
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Have You Previously File an Application with The MS State Board of Cosmetology? Yes \_\_\_ No \_\_\_

If yes, then State Kind of Application and Date.

Name in which application was filed.

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. Three Forms, of Identification (Example: Driver license, Social Security Card, Passport, etc.).
2. Copy of State Issued Professional License.
3. Verification of Work Experience (IRS W-2 or 1099, Booth/Station Rental Receipts, or IRS Tax Returns).
4. Passport Photo (2x2).

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

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

\_\_\_\_\_  
Date