



MS STATE BOARD OF COSMETOLOGY

PROFESSIONAL LICENSING APPLICATION

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)

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	
Practitioner License Number	
Were Any Hours Completed by Apprenticeship	If yes, Identify Total Amount

State(s) in which you have ever held a license (List All)	Certification from state(s) that you held a license Must come directly from the other State Board Agency to MSBC.
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License Type	Cosmetology	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