







# MISSISSIPPI STATE BOARD OF COSMETOLOGY

## PROFESSIONAL LICENSING APPLICATION FOR ALL OUT-OF-STATE APPLICANTS,

### Part 1

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING (check block)	 Cosmetology	 Esthetician	 Manicurist	 Instructor
NAME (Last, First, Middle, Maiden)				
MAILING ADDRESS (Street / Post Office Box)				
CITY				
STATE				
ZIP				
EMAIL ADDRESS				
TELEPHONE NUMBER				
ALTERNATE TELEPHONE NUMBER				
DATE OF BIRTH				
SOCIAL SECURITY NUMBER				
ARE YOU OR YOUR SPOUSE ACTIVE MILITARY	<input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU A CURRENT MISSISSIPPI RESIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
SCHOOL NAME IN WHICH TRAINING WAS REQUIRED				

<b>SCHOOL CITY AND STATE</b>			
<b>DATE OF COMPLETION OF THE PROGRAM</b>			
<b>PRACTITIONER LICENSE NUMBER FROM THAT STATE</b>		<b>DATE ISSUED</b>	
<b>WERE ANY HOURS COMPLETED BY APPRENTICESHIP</b>	YES, Identify Total Amount _____ NO		
<b>ALL STATES IN WHICH YOU HAVE EVER HELD A LICENSE (List All)</b>			
<b>HAVE YOU PREVIOUSLY FILED AN APPLICATION FOR LICENSURE WITH MISSISSIPPI</b>	_____ YES	_____ NO	
<b>ARE YOU A CURRENT RESIDENT OF MISSISSIPPI</b>	_____ YES	_____ NO	
<b>IF YES, STATE THE TYPE OF APPLICATION AND YOUR SUBMITTAL DATE</b>	_____ Cosmetologist _____ Manicurist	_____ Esthetician _____ Instructor	
<b>NAME IN WHICH THE APPLICATION WAS FILED</b>			
<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY; IF YES, PLEASE DETAIL AND ATTACH</b>	_____ YES	_____ NO	
<b>I WILL BE USING A SPECIFIC DEVICE IN ONE OF THE PRACTICE AREAS OF COSMETOLOGY</b>	_____ YES	_____ NO	

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

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

\_\_\_\_\_ **Date Submitted**

**For State Board Use Only**

<b>Date Received</b>		<b>Packet Mailed By</b>	
<b>Date Licensure Packet Mailed</b>		<b>Documented in Profile Account</b>	