







MISSISSIPPI STATE BOARD OF COSMETOLOGY

OUT OF STATE PROFESSIONAL LICENSING APPLICATION, 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	_____ YES _____ NO			
SCHOOL NAME IN WHICH TRAINING WAS REQUIRED				
SCHOOL CITY AND STATE				
DATE OF COMPLETION OF THE PROGRAM				

