







# MISSISSIPPI STATE BOARD OF COSMETOLOGY

## PROFESSIONAL LICENSING APPLICATION BY EXAMINATION, Part 1

<b>TYPE OF LICENSE FOR WHICH YOU ARE APPLYING (check block)</b>	 Cosmetology	 Esthetician	 Manicurist	 Instructor
<b>NAME (Last, First, Middle, Maiden)</b>				
<b>MAILING ADDRESS (Street / Post Office Box)</b>				
<b>CITY</b>				
<b>STATE</b>				
<b>ZIP</b>				
<b>EMAIL ADDRESS</b>				
<b>TELEPHONE NUMBER</b>				
<b>ALTERNATE TELEPHONE NUMBER</b>				
<b>DATE OF BIRTH</b>				
<b>SOCIAL SECURITY NUMBER</b>				
<b>SCHOOL NAME IN WHICH TRAINING WAS REQUIRED</b>				
<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>		



