







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				

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

Date Received		Packet Emailed By	
Date Licensure Packet Emailed		Documented in Profile Account	

