



MISSISSIPPI STATE BOARD OF COSMETOLOGY
 Military Family Freedom Testing Application
 Post Office Box 55689
 Jackson, MS 39296-5689
 (601) 359-1820

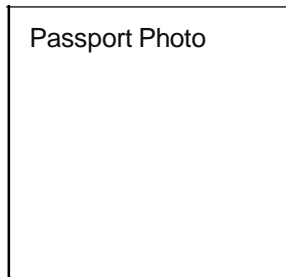
PLEASE PRINT INFORMATION BELOW	
Name	
Social Security Number	
Date of Birth	
Address	
Phone Number	
Email Address	
License Type Applying For: (SELECT ONE ONLY)	<input type="checkbox"/> Cosmetologist <input type="checkbox"/> Esthetician <input type="checkbox"/> Manicurist <input type="checkbox"/> Instructor
Are you a current Mississippi resident?	
Have you ever been convicted of a felony?	If yes, please attach a separate sheet with details and explanation.
Are you, your spouse or your dependent ACTIVE-DUTY military?	

ALL STATE IN WHICH YOU HAVE EVER HELD A LICENSE (LIST ALL)				
State	License Type	License#	Issue Date	Is this License Active?

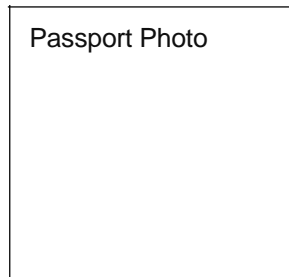
Please submit with your application the required documentation below (by mail):

1. Initial Licensure Fee payable by Check or Money Order to MSBC for \$50
2. Proof of Mississippi Residency (business address or PO Box will not be acceptable) The Board accepts the following:
 - a. State of Mississippi Issued Identification Card or Driver's License, or Current Mississippi residential utility bill with the applicant's name and address, or
 - b. Documentation of current ownership, or current lease of a residence in Mississippi, or
 - c. Documentation of current in-state employment or notarized letter of promise of employment, or
3. Copy of Valid and Active Practitioner License (Cannot Be Expired)
4. Three (3) Forms of Identification [In Color) - at least one must be a government issued photo identification.
5. Completed Affidavit
6. Verification of Licensure from State Board (You must request that the State Board of your current license send this information to The Mississippi State Board of Cosmetology.)
7. Two (2) Passport Photos (taped to the provided areas)

Passport Photo



Passport Photo



Perjury is the voluntary violation of an oath or vow (spoken or written) either by swearing to what is untrue or by omission of what has been promised under oath.

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

Applicant Signature

Date Submitted