



MISSISSIPPI STATE BOARD OF COSMETOLOGY
 RECIPROCITY NOTIFICATION OF INTENT
 (COSMETOLOGY, ESTHETICS, MANICURING)
 Post Office Box 55689
 Jackson, MS 39296-5689
 (601) 359-1820

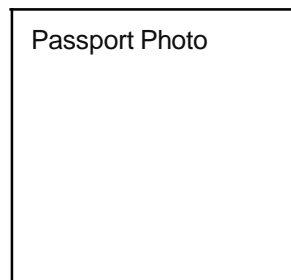
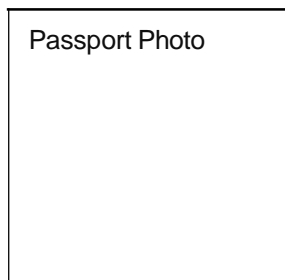
Before completing this application, please confirm that the state of your current licenses reciprocates with Mississippi.

PLEASE PRINT INFORMATION BELOW				
Name				
Social Security Number				
Date of Birth				
Address				
Phone Number				
Email Address				
License Type Applying For: (SELECT ONE ONLY.)	Cosmetologist	Esthetician	Manicurist	
Have you ever been convicted of a felony?	If yes, please attach a separate sheet with details and explanation.			

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:

1. Non-Refundable Application Fee payable by check or money order for \$55
2. Copy of Current Active and Valid Practitioner License (Cannot Be Expired)
3. Three (3) Forms of Identification (In Color) - at least one must be a government issued photo identification.
4. 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.)
5. Two (2) Passport Photos (taped to the provided areas)



We must have all the documentation above to process your application. After the successful application is processed, you will be notified to appear for an application interview.

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