



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

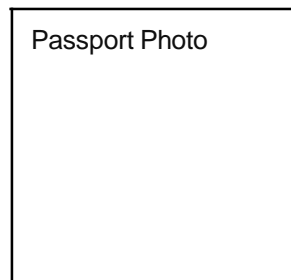
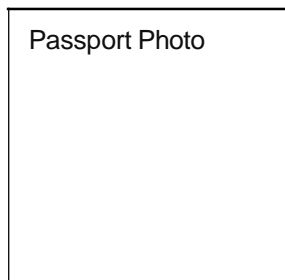
Before completing this application, please confirm that the state of your current licenses reciprocates with Mississippi.

PLEASE PRINT INFORMATION BELOW	
Name	
Social Security Number	
Date of Birth	
Address	
Phone Number	
Email Address	
License Type Applying For: INSTRUCTOR	Have you completed at least 1000 hours of instructor training or have at least three years' experience as a licensed instructor?
Were your hours acquired by apprenticeship?	If yes, please specify number of apprenticeship hours.
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 Instructor 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)
6. Proof that age is at least 21 years old
7. Proof of completion of high school or its equivalent
8. Proof of completion of five (5) hours of continuing education hours in MS Laws and Rules and Regulations
9. Either Proof of completion of twelve (12) semester hours in college courses approved by the Board OR Non-Refundable Six (6) Month Temporary Work Permit Fee by check or money order for \$25



We must have all the documentation above to process your application.

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