MISSISSIPPI BOARD OF
BARBER EXAMINERS

EXAMINATION RE-TAKE REQUEST

The information contained on this application form must be current and accurate since the applicant cannot proceed with the credentialing process until notified that his or her OFFICIAL TRANSCRIPT has been received by the Mississippi Board of Barber Examiners. The entire application must be completed to proceed with this process.

Name (Last, First, Middle, Maiden)	
Mailing Address	
Telephone Number	
Email Address	
Date of Birth	
Social Security Number	
School Name in Which Training Was Acquired	
School City and State	
License Type (Circle)	☐ Barber ☐ Barber Instructor
Have You Been Convicted of a Felony Since Your Original Application was Submitted?	☐ Yes, Explain and attach all relative court documents (attach a separate page) ☐ No

REQUIRED ATTACHMENTS:

1. Money Order or Cashier's Check in the amount of $55 (barber or barber instructor)

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

_____ _____

Applicant's Signature Date