

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	
Will you be bringing with you female manikin(s) during the female examination portion of the examination?		Yes	No
	NOTE: Please refer to the requirements for use of manikins found on the website → School Tab → Requirements for use of manikin(s) during examination		
REQUIRED ATTACHMENTS: 1. Money Order or Cashier's Che By signing this application, I certify tha	eck in the a	amount of \$55 (barber or bar	
Annlicant's Signature			