



MISSISSIPPI BOARD OF BARBER EXAMINERS

APPLICATION TO RETURN TO ACTIVE STATUS FROM INACTIVE STATUS

BARBER INSTRUCTOR

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 (MUST ALSO ATTACH A COPY)	
Date Requested that License be moved to Inactive Status	
Height	
Eye Color	
State(s) In Which You Have Been Licensed (List ALL) Since your requested Inactive Status in Mississippi	
Have You Ever Been Convicted of a Felony?	Yes, Explain and attach all relative court documents (attach a separate page) No
Name in Which Application Was Originally Filed	

YES	NO	AFFIDAVIT QUESTIONS
		Are you a citizen of the United States? If NO, attach copy of passport including work permit.
		Have you been convicted or found guilty of a crime in any state or jurisdiction, regardless of adjudication since you requested inactive Status?
		Is there any criminal charge now pending against you? (Do not include parking or speeding violations for Question 23.)
		Have you ever been a defendant in a court-martial since you requested inactive status?
		Have you ever been declared legally incompetent since you requested Inactive status?
		Have you ever undergone treatment for the use of drugs, narcotics, or intoxicating liquors since you requested inactive status?
		Have you received treatment for any emotional disturbances, mental disorder or insanity that would impair your ability to perform as a barber since you requested inactive status?

		Since you requested inactive status, has a regulatory authority in any state or jurisdiction (including Mississippi) denied you a license or other credential to practice as a barber or to practice any other licensed profession? If YES, YOU MUST provide a copy of the denial letter from the regulatory authority AND a letter of explanation.					
		Since you requested inactive status, has a regulatory authority in any state or jurisdiction (including Mississippi) granted you a license or other credential to practice as a barber or to practice any other licensed profession?					
		Since you requested inactive status, has a regulatory authority in any state or jurisdiction (including Mississippi) disciplined you related to the practice of as a barber or to the practice of any other licensed profession? (Such disciplinary outcome includes, but is not limited to, license restrictions or conditions, probation, fine, or reprimand.)					
		Since you requested inactive status, has a regulatory authority in any state or jurisdiction (including Mississippi) suspended, revoked, denied the renewal of, or required you to surrender your barber license or other credential, or your license to practice any other profession?					
		Since you requested inactive status, have you ever voluntarily surrendered a license or credential in connection with or to avoid a disciplinary action by a regulatory authority?					
		Since you requested inactive status, are you now or have you ever been a defendant in civil litigation in which the basis of complaint was for negligence, malpractice, or lack of professional competence?					
		Since you requested inactive status, is there currently pending against you in any jurisdiction a complaint against your professional conduct or competency?					
		Since you requested inactive status, have you held a barbering license in any other state? If YES, name all states and current status of license.					
		State:	Lic.#:	Status:	State:	Lic.#:	Status:

REQUIRED ATTACHMENTS:

1. Two (2) two inch by two-inch (2 X 2) passport size photos, signed and dated
2. Money Order or Cashier's Check in the amount of \$100 (barber); \$105 (instructor)
3. Provide proof of twelve (12) hours continuing education.

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

Barber Instructor's Signature

Date