Arkansas Department of Health Cosmetology, Body Art and Massage Therapy Section 4815 West Markham, Slot 8 Little Rock, AR 72205 501-682-2168

## RE-EXAMINATION APPLICATION FOR COSMETOLOGY STATE LAW

Please complete the application below and email it to:

Cosmo@arkansas.gov

Applicant's Printed Name

It is not necessary to contact the Cosmetology Section's office to schedule your examination. Once the application is received, the Section's office will automatically schedule you for the next examination and you will receive an email with information on how to take the State Law examination.

First Name	Middle Name			Last Name		Social Security Number	
Address		City		State	Zip Code	Phone N	Number
Date of Birth	Gender						
	MALE	Black	White	Am. Indian	Hispanic	Asian	Asian Alaskan Native
	FEMALE	J.au.	***************************************	7 2	· ··opa····o	7.0.0	
Email Address (REQUIRED – all correspondence sent from the Cosmetology, Body Art and Massage Therapy Section regarding your examination will be sent via email)				Date o	f last State Law Exa	mination:	
By signing this applicati statements will be suffice	,		•			•	•

Today's Date

Applicant's Signature