

# Certification of Record Form

**INSTRUCTIONS:** Please print using blue or black ink. A Certification of Record Form is to be used when you are transferring your Arkansas license/hours to another state. This form must be completed and returned to the Cosmetology Section's office, along with the required items listed below. **Once this form and the required items are received, we will mail your certification directly to the State Board in the state to which you are transferring (certification will not be mailed to the licensee).**

**Required items:**

1. A completed Certification of Record Form (this form).
2. A money order for the \$50.00 transfer fee. Please note that the transfer fee applies to each license you want to transfer.

**Applicant Information:**

Last Name		First Name (no nickname)		Middle Name	
Address			Apt #	City	State Zip Code
Phone Number ( )	Gender MALE FEMALE	Race Black White Am. Indian Hispanic Asian Alaskan Native			
Marital Status	SSN	Date of Birth	Email Address:		

**License Information:**

Arkansas reflects my status as:  <input type="checkbox"/> Student <input type="checkbox"/> Licensee	Has your license been lapsed for five (5) years or more?  YES    NO	If yes, state the following: Month/Year first licensed? _____ Month/Year last licensed? _____
Name under which you were last licensed.		
Type of License or Permit (circle one) Cosmetology    Manicure    Aesthetician    Instructor    Electrology		License Number

**Out of State Information:**

I am requesting certification of my record to be sent to the following state:

By signing this form, I certified that the information provided is correct to the best of my knowledge. Further, I understand that false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Printed Name	Signature	Date
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**DO NOT WRITE BELOW THIS AREA – FOR OFFICE USE ONLY**

Date	Amount	License Number	Receipt Number
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Type _____	Original _____	Exp _____
AR exam	Rec w/exam	Rec w/o exam
NICP	NICW	SBP    SBW