

**ARKANSAS DEPARTMENT OF HEALTH
 COSMETOLOGY SECTION
 4815 West Markham, Slot 8
 Little Rock, AR 72205
 (501) 682-2168**

Lapsed License Form

PLEASE READ CAREFULLY: A license that has not been renewed for five (5) years has lapsed and is non-renewable. You must take and pass the Arkansas State Law examination in order to become licensed again in the state of Arkansas.

Being convicted of a felony as provided under § 17-3-102 may disqualify you from licensure, please complete and submit precensure petition (link below) before submitting this form.

https://www.healthy.arkansas.gov/images/uploads/pdf/Act_990_Precensure_petition_.pdf

The following items must be submitted for a lapsed license in order to apply for the examination:

1. A completed Lapsed License Form (this form).
2. A legible copy of a government-issued photographic identification card that contains your signature and date of birth. Such forms of photographic identification are a photographic driver's license from any state or an Arkansas photographic ID card.
3. A legible copy of your social security card.
4. A copy of your previous license, if available.

Original examination information:

First Name	Middle Name	Last Name
Maiden Name (if applicable)	Email Address	Phone Number
Address where you receive mail		
Your original license in the state of Arkansas was issued by which of the following: (circle one)	EXAMINATION	RECIPROCITY

Name as shown on last license issued to you:

First Name	Middle Name	Last Name
Maiden Name (if applicable)	List all possible last names	
Date of Birth	Social Security Number	
Month and Year of Original Licensure	Year Last Licensed	

School Information:

Name of School
Dates of Attendance (to the best of your knowledge)

Criminal Records

Have you ever been convicted of or found guilty of or entered a plea of guilty or nolo contendere to any offense that would constitute a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list felony(s) _____ Have you completed and submitted a precensure petition? Yes ____ No ____
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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.

Signature	Date
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