

# Military Reciprocity Form

## HOW DO I GET AN ARKANSAS LICENSE?

### Military Reciprocity Requirements Summary

- 1) Upon application active duty military personal stationed in the State of Arkansas, a returning military veteran applying within one (1) year of his or her discharge from active duty or a spouse of an active duty military personal or veteran shall be granted automatic licensure to practice cosmetology and its branches under the following requirements:
  - a. Complete the Military Reciprocity Form (this form) and submit along with the following;
  - b. A copy of your current out-of-state license;
  - c. A copy of your social security card;
  - d. A copy of the Sponsors Active Duty Military Orders as required by §17-1-106;
  - e. A copy of your driver's license or other government issued photo-identification license;
  - f. A check or money order for the \$50 reciprocity fee. **(Fee is non-refundable)**
- 2) Applicant must have a **current, valid license** issued under the laws of another state. If you are licensed in another state contact your state board office where you are currently licensed and request that a certification of your licensure record (affidavit) be mailed directly to the Cosmetology Section.
- 3) When items #1 and #2 are received you will be issued an Arkansas license.

# Military Reciprocity Form

**Instructions:** Please review the reciprocity requirements and process before completing. When you are ready to complete this form, please do so by printing the information in blue or black ink. This form is required if you were are transferring from another state and you want to become licensed in the state of Arkansas. **There is a \$50 non-refundable reciprocity fee due at the time you submit this form and the required attachments. This fee does not cover any examination costs.**

**Applicant's Name**

|   |  |  |      |                                     |       |          |
|---|--|--|------|-------------------------------------|-------|----------|
| Last Name   |  | First Name (no nickname)   |      | Middle Name                         |       |          |
| Maiden Name (if applicable)   |  | Email Address (Required)   |      |                                     |       |          |
| Address   |  | Apt. #   | City | County                              | State | Zip Code |
| Telephone Number  |  | Gender<br>MALE      FEMALE   |      | Marital Status                      |       |          |
| Social Security Number  |  | Date of Birth  |      | Place of birth (city/state/country) |       |          |
| Race: Black      White      Am.      Indian   |  | In what language do you prefer to take the written/state law exam? |      |                                     |       |          |
| Hispanic      Asian      Alaskan Native   |  | ENGLISH      SPANISH      VIETNAMESE      KOREAN                   |      |                                     |       |          |
| <input type="checkbox"/> Active duty military personal stationed in the State of Arkansas<br><input type="checkbox"/> Returning military veteran applying within one (1) year of his or her discharge from active duty<br><input type="checkbox"/> Spouse of an active duty military personal or veteran<br><input type="checkbox"/> Spouse of a military veteran applying within one (1) year of his or her discharge from active duty |  |  |      |                                     |       |          |

**Licensing Information**

|   |             |          |   |            |             |
|---|-------------|----------|---|------------|-------------|
| What type of license do you currently hold?                 | Cosmetology | Manicure | Aesthetician  | Instructor | Electrology |
| Did you take a national written examination?    YES      NO |             |          | Did you take a national practical examination?<br>YES      NO   |            |             |
| In what state did you take the examination?                 |             |          | Please list <u>all</u> the states that you have held a license. |            |             |

**Training Information**

|   |                         |                              |                            |  |  |
|---|-------------------------|------------------------------|----------------------------|--|--|
| What cosmetology school did you attend? |                         |                              | City/State/County          |  |  |
| Date training began                     | Date training completed | Total number hours completed | Type of training completed |  |  |

**Miscellaneous Information**

|   |
|---|
| Has your license been suspended or revoked? If yes, please provide details: |
|---|

**Applicant Signature:** By signing this application, I certify that the information provided is correct to the best of my knowledge and that I understand that false statements will be sufficient grounds for the Board to take disciplinary action.

|      |                          |                       |
|------|--------------------------|-----------------------|
| Date | Applicant's Printed Name | Applicant's Signature |
|------|--------------------------|-----------------------|