

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

**Permanent or Semi-permanent  
Cosmetics Student Permit  
Application**

**PLEASE READ CAREFULLY:** This form must be filed with the Body Art Section prior to the commencement of the student's training/apprentice training. A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Section's office.

**Required Attachments:** This form must be accompanied by one (1) copy of the student's contract; a copy of the student's driver's license or other form of identification verifying the student's age; proof of blood borne pathogens course; and proof of education.

**Being convicted of a felony as provided under § 17-3-102 may disqualify you from licensure. Please complete and submit prelicensure petition (link below) before submitting a student permit application.**

[https://www.healthy.arkansas.gov/images/uploads/pdf/Act\\_990\\_Prelicensure\\_petition\\_.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/Act_990_Prelicensure_petition_.pdf)

**STUDENT INFORMATION**

Last Name		First Name				Middle Name			
Maiden Name (if applicable)		List any other <i>last</i> name you have ever used							
Address Where You Receive Mail		Apt. #	City		County	State	Zip Code		
Address Where You Live		Apt. #	City		County	State	Zip Code		
Phone	Gender MALE FEMALE		Race	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
Marital Status	SSN	Date of Birth		Email Address (REQUIRED)					

**ENROLLMENT/APPRENTICE INFORMATION**

Name of Enrolling School/Establishment		City, State
Type of Training		
Date training to begin	Number of hours enrolling	

**PREVIOUS ENROLLMENT/APPRENTICE INFORMATION**

Have you ever attended another School? YES NO	If yes, Name of previous School	City/State
Type of Previous Training	Number of Hours Acquired	

**CRIMINAL RECORD**

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? Yes No If yes, please list felony(s) _____ Have you completed and submitted a prelicensure petition? Yes ___ No ___
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I hereby give my permission to the school to release any information contained in my student file to a representative of the Body Art Section who is duly authorized to review my records. Further, I give my permission to the Body Art Section to release my examination results to the school for the purpose of documenting my performance on the state licensing examination administered by the Body Art Section.

<b>STUDENT</b>	SIGNATURE	Today's Date
<b>SCHOOL REPRESENTATIVE/TRAINER</b>	SIGNATURE	Today's Date