

Examination Application

Written Examination Application

Please **PRINT** using blue or black ink. You must answer all questions.

If you have a disability and require accommodations, please contact the Cosmetology Section's office.

Type of examination you are applying for:

| Cosmetology | | Manicure | | Aesthetician | | Instructor | | Electrology | |
|--|--------|---------------------|-------|-------------------------|------------|-------------------------------------|-------|----------------|--|
| First Name | | Middle Name | | Last Name | | Social Security Number | | | |
| Address | | City | | State | | Zip Code | | Phone Number | |
| Date of Birth | Gender | | Race | | | | | | |
| | MALE | FEMALE | Black | White | Am. Indian | Hispanic | Asian | Alaskan Native | |
| Beauty School Attended | | Date training began | | Date completed training | | Total hours completed | | | |
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| Email Address (REQUIRED – all correspondence sent from the Cosmetology Section regarding your examination will be sent via email) | | | | | | | | | |
| What language do you prefer to take the written exam in? | | | | | | | | | |
| ENGLISH | | SPANISH | | VIETNAMESE | | KOREAN | | | |
| Have you ever been licensed in any phase of Cosmetology? | | | | YES | | NO | | | |
| If yes, Is the license current? | | YES | | NO | | If yes, what type of license? _____ | | | |
| If yes, in what State(s) were you licensed? _____ | | | | | | | | | |

This application must be completed in proper form and submitted to the Section– examination fee is paid directly to PSI.

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

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|-----------------------|--------------|
| Applicant's Signature | Today's Date |
|-----------------------|--------------|