



APPLICATION FOR OUT-OF-STATE LICENSURE

Complete this application by typing into the fields below. Forward the completed application to the Section with the following documentation:

1. **Non-Refundable \$50 application fee**
2. **Legible photocopy of your social security card, legible copy of your out of state license, and a legible copy of your current U.S. government issued photo identification** (i.e., driver’s license, state identification card, or military identification)
 The name on the application and the identification documents must match. The name on the ID and social security card must match.
3. **A certified record (affidavit) from the State Board where you are currently licensed. (Licensees must be in good standing with at least one (1) year of licensure experience – this affidavit must be sent directly from the State Board)**

Failure to complete ALL fields will result in an incomplete application which cannot be processed. An E-mail is required to receive communication from the Section regarding the status of your out-of-state licensure application.

Applicant Information:

License type for which you are applying:		Cosmetology	Aesthetician	Manicure	Instructor	Electrology			
Full Legal Name:									
Last	First	Middle	Male	Female					
Address:									
Street			City/State		Zip Code				
Phone Number:		Date of Birth:		Social Security Number:		Marital Status:			
E-mail Address: (REQUIRED – Application confirmation, updates, and testing information will be sent to the email address provided)					List ALL other last names or legal names you have had:				
Have you been licensed for one (1) year or more in the license you are applying for?				Yes	No				
<small>(If no, you will be required to pass a written and Arkansas state law examination before a license is issued. If yes, you will be required to pass an Arkansas state law examination before a license is issued.)</small>									
Language for written examination only (if required):			Race:						
English	Korean	Spanish	Vietnamese	Black	White	Am. Indian	Hispanic	Asian	Alaskan Naive
Do you hold a current, valid license in another state?			State		License Number				
Yes	No		Issue Date		Expiration Date				
Is your license in good standing?			Yes	No					
Have you had a license that has been revoked, suspended or had other disciplinary action taken?						Yes	No		
If yes, please explain:									
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 Cosmetology Technical Advisory Committee to take disciplinary action.									
Printed Name			Signature (must match ID)			Date			