

# Certification of Record Form

A Certification of Record Form is to be used when you are transferring your Arkansas license/hours to another state.

**Once this form is received, we will mail your certification *directly* to the State Board in the state to which you are transferring (certification *will not* be mailed to the licensee).**

**Applicant Information:**

Last Name		First Name (no nickname)		Middle Name	
Address			Apt #	City	State Zip Code
Phone Number	Gender MALE    FEMALE		Race Black   White   Am. Indian   Hispanic   Asian   Alaskan Native		
SSN	Date of Birth		Email Address:		

**License Information:**

Arkansas reflects my status as:  ___ Student    ___ Licensee	Has your license been lapsed for five (5) years or more?  YES    NO	If yes, state the following:  Month/Year first licensed? _____
Name under which you were last licensed.		
Type of License or Permit  Cosmetology    Manicure    Aesthetician    Instructor    Electrology		License Number

**Out of State Information:**

I am requesting certification of my record to be sent to the following state:
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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.

Printed Name	Signature	Date
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**This form must be completed and returned to the Cosmetology Section's office by mail or email at [cosmo@arkansas.gov](mailto:cosmo@arkansas.gov)**