

**ARKANSAS DEPARTMENT OF HEALTH
 BODY ART SECTION
 4815 WEST MARKHAM, SLOT 8
 LITTLE ROCK, AR 72205
 (501) 682-2168**

Certification of Record Form

INSTRUCTIONS: A Certification of Record Form is to be used when you are transferring your Arkansas license to another state. This form must be completed and returned to the Body Art Section's office.

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			
Marital Status	SSN	Date of Birth	Email Address:		

License Information:

Arkansas reflects my status as: <input type="checkbox"/> Student/Apprentice <input type="checkbox"/> Licensee	Has your license been lapsed for five (5) years or more? YES NO	If yes, state the following: Month/Year first licensed? _____ Month/Year last licensed? _____
Name under which you were last licensed.		
Type of License or Permit	License Number	

Out of State Information:

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

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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