

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

Duplicate License Request

INSTRUCTIONS: This form may be used to request a duplicate practitioner or establishment license. The form must be completed and returned to the Section's office, along with the required items listed below.

Required items:

1. A completed Duplicate License Request Form (this form).
2. A legible copy of your driver's license.

Applicant Information:

First Name		Middle Name		Last Name	
Address	Apt #	City		State	Zip Code
Phone Number		Email Address			
SSN	Date of Birth		License Number		

License Information:

Which license(s) do you want duplicated? (circle all that apply)					
Cosmetology	Manicure	Aesthetician	Instructor	Electrology	Establishment

Reason for duplication request:

<input type="checkbox"/> Original license was lost/destroyed <input type="checkbox"/> Original license was never received <input type="checkbox"/> Licensee is requesting a name change (please attach a copy of a legal document to substantiate the name change, such as a driver's license OR marriage license, divorce decree, etc.)		
Name change request:		
From:	_____	
First Name	Middle Name	Last Name
To:	_____	
First Name	Middle Name	Last Name
Notes:		

By signing this form, I certify that the information provided is correct to the best of my knowledge.

Printed Name	Signature	Date
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