

ARKANSAS DEPARTMENT OF HEALTH
 Cosmetology, Body Art and Massage Therapy Section
 4815 West Markham, Slot 8
 Little Rock, AR 72205
 (501) 682-2168

Lifetime License Form

PLEASE READ CAREFULLY: Lifetime license requirements are a licensee who is 55 years of age or older and who has been actively engaged for 20 years or more as a licensed cosmetologist, manicurist, aesthetician, electrologist, and/or instructor.

The following items must be submitted for a lifetime license:

1. A completed Lifetime License Form (**this form and it must be notarized**).
2. A legible copy of a government-issued photographic identification card that contains your signature and date of birth. Such forms of photographic identification are a photographic driver's license from any state or an Arkansas photographic ID card.

If the above items are not submitted, your application will not be processed, and it will be returned to you.

First Name (as it appears on your license)	Middle Name	Last Name	
Address	City	State	Zip Code
License Number	Expiration Date	Type of License	
Telephone Number	Social Security Number	Date of Birth	
Your original license in the state of Arkansas was issued by which of the following: (circle one)	EXAMINATION	RECIPROCITY	
Month and Year of Original Licensure (Arkansas)	Name of Beauty School Attended	Dates of attendance	
If licensed by Reciprocity, which State were you originally licensed in?	Month and Year of Original Licensure (Reciprocity)		

By signing this form, I certify that the information I have 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	Date
Signature	

Subscribed and sworn to before me this _____ day of _____, 20____, A.D.

(Notary Seal)

My Commission Expires:

Notary Public