



Arkansas Department of Health – Body Art Section
4815 West Markham, Slot #8
Little Rock, AR 72205
Telephone: 501.661.2606 ▪ Fax: 501.682.5640
Email: adh.bodyart@arkansas.gov ▪ Website: www.healthy.arkansas.gov

APPLICATION FOR AUTOMATIC LICENSURE OR OUT-OF-STATE LICENSURE

Complete this application for automatic licensure or transfer of out-of-state license by typing into the fields below. Once the application and documentation has been received, the Section will determine which application is applicable to you. Mail the completed application to the Section with the following documentation:

Automatic Licensure requirements:

- 1. Must show proof of Arkansas residency (i.e., ARKANSAS driver's license or state identification card);**
- 2. Must have a current license in good standing from your current state;**
- 3. Non-Refundable \$200.00 application fee;**
- 4. Legible copy of your current U.S. government issued photo identification (i.e., ARKANSAS driver's license or state identification card);**
- 5. A current OSHA compliant Blood borne pathogen course certification;**
- 6. A certified record (affidavit) from the State where you are currently licensed. (Licensees must be in good standing with at least one (1) year of licensure experience).**

Out-of-State License transfer requirements:

- 1. Non-Refundable \$200.00 application fee;**
- 2. Legible copy of your current U.S. government issued photo identification (i.e., driver's license, state identification card, or military identification);**
- 3. A current OSHA compliant Blood borne pathogen course certification;**
- 4. A certified record (affidavit) from the State where you are currently licensed. (Licensees must be in good standing with at least year (1) year of licensure experience);**
- 5. A certified record of completion of a minimum of a 6-month in training program. (This must include information on compliance history, evaluation of knowledge of health and safety standards and any record of training completed as required by ADH).**



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- 5. A certified record of completion of a minimum of a 6-month in training program.** (This must include information on compliance history, evaluation of knowledge of health and safety standards and any record of training completed as required by ADH)

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: Body Art Artist Permanent Cosmetics		Have you been licensed for one (1) year or more in the license you are applying for? Yes No	
Full Legal Name: Last First Middle			Have you ever been convicted of a felony under § 17-3-102? If yes , you will need to STOP this application and complete and submit the precicensure petition (ACT 990) before submitting this application.
Address: Street City/State Zip Code County			
Phone Number:	Date of Birth:	Social Security Number:	Male Female
E-mail Address: (REQUIRED – Application confirmation, updates, and testing information will be sent to the email address provided)			
Race Black White Am.Indian Hispanic Asian Alaskan Native		List ALL other last names or legal names you have had:	
Do you hold a current, valid license in another state?		Yes No	If yes, is the license in good standing Yes No
State	License Number	Issue Date	Expiration Date
Work History			
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