



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. **Non-Refundable \$50.00 application fee;**
3. **Legible photocopy of your social security card, legible copy of your out of state license, and a legible copy of your current U.S. government issued photo identification (i.e., ARKANSAS driver's license or state identification card) The name on the application and the identification documents must match. The name on the ID and social security card must match;**
4. **A certified record (affidavit) from the State Board where you are currently licensed. (Licensees must be in good standing with at least one (1) year of licensure experience – this affidavit must be sent directly from the State Board).**

Out-of-State License transfer requirements:

1. **Non-Refundable \$50.00 application fee;**
2. **Legible photocopy of your social security card, legible copy of your out of state license, and a legible copy of your current U.S. government issued photo identification (i.e., driver's license, state identification card, or military identification) The name on the application and the identification documents must match. The name on the ID and social security card must match;**
3. **A certified record (affidavit) from the State Board where you are currently licensed. (Licensees must be in good standing with at least one (1) year of licensure experience – this affidavit must be sent directly from the State Board).**



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The name on the application and the identification documents must match. The name on the ID and social security card must match.
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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: <input type="checkbox"/> Cosmetology <input type="checkbox"/> Aesthetician <input type="checkbox"/> Manicure <input type="checkbox"/> Instructor <input type="checkbox"/> Electrology					
Full Legal Name:					
Last	First	Middle	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address:					
Street		City/State		Zip Code	
Phone Number:		Date of Birth:		Social Security Number:	
				Marital Status:	
E-mail Address: (REQUIRED – Application confirmation, updates, and testing information will be sent to the email address provided)				List ALL other last names or legal names you have had:	
Have you been licensed for one (1) year or more in the license you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<small>(If no, you will be required to pass a written and Arkansas state law examination before a license is issued. If yes, you will be required to pass an Arkansas state law examination before a license is issued.)</small>					
Language for written examination only (if required):			Race:		
<input type="checkbox"/> English	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Black	<input type="checkbox"/> White
				<input type="checkbox"/> Am. Indian	<input type="checkbox"/> Hispanic
				<input type="checkbox"/> Asian	<input type="checkbox"/> Alaskan Naive
Do you hold a current, valid license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No			State License Number		
			Issue Date Expiration Date		
Is your license in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you had a license that has been revoked, suspended or had other disciplinary action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain:					
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