



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 \$2.50 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 \$2.50 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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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:		Cosmetology	Aesthetician	Manicure	Instructor	Electrology			
Full Legal Name:									
Last	First	Middle	Male	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?				Yes	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:						
English	Korean	Spanish	Vietnamese	Black	White	Am. Indian	Hispanic	Asian	Alaskan Naive
Do you hold a current, valid license in another state?			State		License Number				
Yes No			Issue Date		Expiration Date				
Is your license in good standing?			Yes	No					
Have you had a license that has been revoked, suspended or had other disciplinary action taken?				Yes	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			