



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. **Pre-Licensure Petition- if applicable**
5. **Legible copy of your current U.S. government issued photo identification (i.e., ARKANSAS driver’s license or state identification card);**
6. **A current OSHA compliant Blood borne pathogen course certification;**
7. **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. **Pre-Licensure Petition- if applicable**
5. **A certified record (affidavit) from the State where you are currently licensed. (Licensees must be in good standing with at least two (2) years of licensure experience);**
6. **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)
6. Pre-Licensure Petition- if applicable

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 two (2) years 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 <u>yes</u> , you will need to <u>STOP</u> this application and complete and submit the prelicensure petition (ACT 990) <u>before</u> submitting this application. (See Attached)
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

Pre-Licensure Criminal Background Check Petition

Pursuant to Act 990 of 2019, submit form to request the Department of Health to make a determination about whether your criminal background precludes you from licensure for Body Art, Permanent Cosmetics, or Massage Therapy.

Contact Information:

Last Name	First Name (no nickname)	Middle Name			
Date of Birth	Social Security Number			Body Art ____ Permanent Cosmetics ____ Massage Therapy ____	
Telephone Number	Email Address (REQUIRED)				
Address	Apt. #	City	County	State	Zip Code

Criminal Record Information

Charge (ATTACH DISPOSITION):	Felony ____ Misdemeanor ____	Date of Conviction:
Sentence:	Completion Date of Sentence:	
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Sentence:	Completion Date of Sentence:	

**Please use additional sheet for additional criminal records.
 Should the disposition not be included your application can not be processed**

By signing this petition:

I swear or affirm that the statements contained herein (and included on any attached documentation) are true and correct and that I do not misrepresent any information contained therein.

I acknowledge that, in addition to this petition, I may be required to undergo a state and federal criminal background check at my own expense.

I acknowledge that any decision made in response to this petition is subject to change if there has been a change to the provided information during the formal application process.

I acknowledge that any decision made in response to this petition only applies to the criminal records aspect of the licensing process and does not guarantee licensure.

I acknowledge that any decision made in response to this petition is not subject to appeal.

Signature: _____ Date: _____