

Arkansas Department of Health – Cosmetology Section
 4815 West Markham, Slot #8
 Little Rock, AR 72205
 Telephone: 501.682.2168 ▪ Fax: 501.682.5640
 Email: cosmo@arkansas.gov ▪ Website: www.healthy.arkansas.gov



APPLICATION FOR REGISTERED HAIRSTYLIST

Complete this application by typing into the fields below. Forward the completed application to the Section with the following documentation:

1. **Non-Refundable \$10.00 application fee**
2. **Legible photocopy of your current U.S. government issued photo identification** (i.e., driver's license, state identification card, or military identification)

Failure to complete ALL fields will result in an incomplete application which cannot be processed.

ESTABLISHMENT INFORMATION (This Section Must be Completed by Establishment Representative)

Establishment Name <u>and</u> License Number (Required)		Establishment email address	
Supervisor's Name <u>and</u> license number (must be a licensed Cosmetologist)		Phone Number	
Establishment Address	City	State	Zip Code

Applicant Information:

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:	
E-mail Address: (REQUIRED – Application confirmation, updates, and information will be sent to the email address provided)				
Race			Marital Status	
<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				
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.				
Applicant's Name		Signature	Date	
Establishment Supervisor's Name		Signature	Date	