

Arkansas Department of Health  
 Body Art Section  
 4815 West Markham, Slot 8  
 Little Rock, AR 72205  
 501-682-2168

# Retake Examination Application

**Written Examination application - Retake application**  
**\$50.00 Non-Refundable examination fee is required with this application**

Type of examination you are applying for:  
 Body Art                      Semi-Permanent Cosmetics                      Permanent Cosmetics

First Name		Middle Name		Last Name		Social Security Number		
Address			City	State	Zip Code	Phone Number		
Date of Birth	Gender		Race					
	MALE	FEMALE	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
School/Establishment Attended			Date training began		Date completed training		Total hours completed	
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<b>Email Address (REQUIRED – all correspondence sent from the Section regarding your examination will be sent via email)</b>								

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Applicant's Signature	Today's Date
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