



APPLICATION FOR BEAUTY CULTURE PROFESSIONAL LICENSE UPGRADE FROM PROVISIONAL

State Form 55970 (R2 / 11-17)

Approved by State Board of Accounts, 2017

**STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3031
E-mail: pla12@pla.IN.gov
Website: www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$40.00, payable to the Indiana Professional Licensing Agency, in accordance with 820 IAC 7-1-1 or 820 IAC 8-5-1 if the applicant is a Barber.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.
 5. Have your supervisor(s) complete Section B.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

| | | |
|---|-----------------------|--|
| Date approved by board (month, day, year) | Issuance fee | Date fee paid (month, day, year) |
| Receipt number | License number issued | Date license issued (month, day, year) |

DO NOT WRITE ABOVE THIS LINE

SECTION A - APPLICANT INFORMATION

| | | |
|---|----------------------------|------------------------------|
| Name of applicant (first, middle initial, last) | Provisional license number | |
| Address (number and street, city, state, and ZIP code) | | |
| Social Security number * | E-mail address | Telephone number () |
| Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641). | | |
| Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SECTION B - SUPERVISING LICENSEE(S) (Supervisor(s) must complete this section.)

| | |
|---|--------------------------------|
| 1. Name of supervising licensee | License number |
| List the services this applicant has provided to customers. | |
| Do you feel that this person is capable of practicing without supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I certify that the applicant has worked under my personal supervision from _____ (month, day, year) to _____ (month, day, year). | |
| Signature of supervising licensee | Date signed (month, day, year) |
| 2. Name of supervising licensee | License number |
| List the services this applicant has provided to customers. | |
| Do you feel that this person is capable of practicing without supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I certify that the applicant has worked under my personal supervision from _____ (month, day, year) to _____ (month, day, year). | |
| Signature of supervising licensee | Date signed (month, day, year) |

SECTION C - CERTIFICATION

If your answer is "Yes" to any of questions 1 through 3, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Since your provisional license was issued, have you ever committed an act that would constitute a violation under IC 25-8-14? Yes No
2. Since your provisional license was issued, except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
 - (a) have you ever been arrested; Yes No
 - (b) have you ever entered into a prosecutorial diversion or determent agreement regarding any offense, misdemeanor, or felony in any state; Yes No
 - (c) have you ever been convicted of any offense, misdemeanor, or felony in any state; Yes No
 - (d) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
 - (e) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? Yes No
3. Has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? Yes No

I certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

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|------------------------|-------------------------|
| Signature of applicant | Date (month, day, year) |
|------------------------|-------------------------|