BEAUTY CULTURE PROVISIONAL VERIFICATION State Form 57016 (R2 / 9-21)

STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072 Indianapolis, Indiana 46204-2700 Telephone: (317) 234-3031

E-mail: pla12@pla.lN.gov Website: www.pla.in.gov

INSTRUCTIONS: 1. Please type or print legibly.

- 2. Provisional Applicants complete Section A, which includes both Experience in Your Jurisdiction and your Indiana Supervising Licensee's signature.
- 3. Provisional Upgrade Applicants complete Section B, which requires your Indiana Supervising Licensee(s) to confirm your experience at an Indiana salon.

* This agency is requesting processed without it.	disclosure of Social Secu	•		1; disclos	sure is mandatory and this form can	not be
IDENTIFYING INFORMATION						
Type of license (please check of Cosmetologist	Esthetician	☐ Manicurist	☐ Electrologi	ist	Barber	
Name of applicant (last, first, m.	iddle)		Social Security nur	mber *		
	SECTION A – EXP	PERIENCE IN YOUR JU	JRISDICTION (Prov	visional		,
Name of salon / shop					Dates of work experience (month, day, From:	
Address of salon / shop (number	er and street city state and	7IP code)			Tion.	J.
Address of salon / shop (nambe	er and street, only, state, and	Zii code)				
Name of salon / shop					Dates of work experience (month, day,	year)
·					From: To	
Address of salon / shop (number	er and street, city, state, and	ZIP code)				
Name of salon / shop					Dates of work experience (month, day,	
					From: To	D:
Address of salon / shop (number	er and street, city, state, and	ZIP code)				
Describe in detail the type of ex	perience obtained.					
	INDIANA S	SUPERVISING LICENS	EE AND BEAUTY	CULTUR	RE SALON	
Name of supervising licensee in	n Indiana *				License number	
Name of salon / shop where yo	u will be employed				License number of salon / shop	
Address of salar / shar where	an will be employed (number	ar and atract city atota an	d ZID anda)			
Address of salon / shop where	you will be employed (<i>numbe</i>	er and street, city, state, an	a ziP code)			
* Change of supervisor after license is issued requires written notification to the Roard and obtaining a duplicate license						
* Change of supervisor after license is issued requires written notification to the Board and obtaining a duplicate license.						
I certify that the applicant will be working in the salon <i>I</i> shop indicated on this application under my personal supervision.						
Signature of supervising license	ee				Date signed (month, day, year)	
		RADE SUPERVISOR V	/ERIFICATION OF	EXPERI	ENCE (Upgrade Applicants Only)	
Name of supervising license	e				License number	
List the services this applicant I	as provided to customers					
List the services this applicant i	ias provided to customers.					
D () () () ()						
Do you feel that this person	is capable of practicing v	without supervision?	Yes No			
I certify that the applicant ha	as worked under my pers	onal supervision from _	 	to	·	
Signature of supervising license	20		(month, day, year)	((month, day, year) Date signed (month, day, year)	
Oignature of Supervising neerist					Date signed (month, day, year)	
Name of supervising license	e				License number	
List the services this applicant I	nas provided to customers.				l	
Do you feel that this person	is capable of practicing v	without supervision?	Yes No			
, ,	1 1	<u>'</u>				
I certify that the applicant ha	as worked under my pers	onal supervision from _	(month, day, year)	_ to	(month, day, year)	
Signature of supervising license	ee		(monai, day, year)		Date signed (month, day, year)	