Reset Form

APPLICATION FOR BARBER, COSMETOLOGIST, MANICURIST, ESTHETICIAN, ELECTROLOGY, OR INSTRUCTOR LICENSE

State Form 15969 (R11 / 8-13)
Approved by State Board of Accounts, 2013

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

INSTRUCTIONS: 1. *Include original written examination pass notice from the testing service.*
2. *Include application / license fee of $40.00.*

Your e-mail address will be the primary source of communication regarding this application.

* 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. Social Security numbers are available to the Indiana Department of Revenue.

FOR OFFICE USE ONLY

Date approved by board (*month, day, year*)	Written examination score	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

Type of license (*please check one*)
☐ Barber ☐ Cosmetologist ☐ Manicurist ☐ Esthetician ☐ Electrologist ☐ Instructor

PART A - APPLICANT INFORMATION

Name of applicant (*last, first, middle*)	Social Security number *

Permanent mailing address *(number and street, city, state, and ZIP code)*

Telephone number (*daytime*)	Date of birth *(month, day, year)*	E-mail address *(Primary source of communication)*
( )		

PART B - PRELIMINARY EDUCATION

Check the number of years completed
☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ GED or equivalent

PART C - SIGNATURE AFFIRMATION

1. Have you ever committed an act for which you could be disciplined under IC 25-8-14? ☐ Yes ☐ No

   If yes, please describe the act on a separate sheet and attach the application.

2. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,* ☐ Yes ☐ No
   (1) have you ever been arrested;
   (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;
   (3) have you ever been convicted of any offense, misdemeanor, or felony in any state;
   (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or
   (5) have you ever pled *nolo contendre* to any offense, misdemeanor, or felony in any state?

   If yes, please submit conviction record and documentation indicating the final disposition of the conviction. This documentation should clearly indicate the nature and date of the conviction and whether you completed all requirements stipulated by the court, including the completion of criminal probation, payment of fines, or any other pertinent information related to the closure of the case.

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.

Signature of applicant	Date (*month, day, year*)

PART D - BEAUTY CULTURE SCHOOL CERTIFICATION OF EDUCATION *(to be completed by school only)*

Name of student	Type of education (*check one*) ☐ Barber ☐ Cosmetologist ☐ Manicurist ☐ Esthetician ☐ Electrologist ☐ Instructor

Name of beauty culture school	License number

Did this student transfer from another school? ☐ Yes ☐ No	Date of enrollment (*month, day, year*)	Date of graduation (*month, day, year*)	Total completed hours

AFFIDAVIT

I do hereby certify and declare the certification of education to be a correct and accurate record for the student indicated above and that the student meets the graduation requirements pursuant to the State Board of Cosmetology and Barber Examiners statutes and rules. I understand that providing fraudulent information may be grounds for refusal to issue the license for which is being applied and disciplinary action against the beauty culture school license.

STATE OF _____ } SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of school director / instructor	Date subscribed and sworn to Notary Public (*month, day, year*)
Printed name of school director / instructor	
Signature of Notary Public	County of residence
Printed name of Notary Public	Date commission expires (*month, day, year*)