



# APPLICATION FOR BEAUTY CULTURE PROFESSIONAL LICENSE BY RECIPROCIDITY

State Form 43493 (R12 / 8-16)

Approved by State Board of Accounts, 2016

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](mailto:pla12@pla.IN.gov)  
[www.pla.IN.gov](http://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. All fees are non-refundable and non-transferable.
  3. Please refer to the instructions on our website at [www.pla.IN.gov](http://www.pla.IN.gov) for the licensing requirements.
  4. Include license certification for each license you hold.

\* 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

Type of license (please check one):

Cosmetologist   
  Esthetician   
  Manicurist   
  Electrologist   
  Barber   
  Instructor

### PART A - APPLICANT INFORMATION

|   |                                  |  |
|---|----------------------------------|--|
| Name of applicant (last, first, middle)   | Social Security number *         |  |
| Permanent mailing address (number and street, apartment number, city, state, and ZIP code)              |                                  |  |
| Telephone number<br>(     )   | Date of birth (month, day, year) | E-mail address   |
| 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 |

### PART B - PRELIMINARY EDUCATION

Have you completed the required preliminary education for the type of license you are applying for as indicated below?  Yes     No

- a. Cosmetologist, Esthetician, and Electrology; 10th grade
- b. Manicurist; 8th grade
- c. Barber; 12th grade if you are seventeen (17) years old. Eighteen (18) years old and older has no preliminary education requirement.
- d. Instructor; 12th grade

### PART C - RECORD OF LICENSURE

|                             |                |
|-----------------------------|----------------|
| State of original licensure | License number |
| State of current licensure  | License number |

### PART D - SIGNATURE AFFIRMATION

If your answer is "Yes" to any of the following, 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. Have you ever been convicted of an act for which you could be disciplined under IC 25-8-14?  Yes     No
2. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
  - (1) have you ever been arrested;  Yes     No
  - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;  Yes     No
  - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state;  Yes     No
  - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or  Yes     No
  - (5) 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.

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