Reset Form

APPLICATION FOR BEAUTY CULTURE PROFESSIONAL LICENSE

State Form 43493 (R17 / 6-26)

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
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. *If applying by Examination, include a copy of your examination pass notice from the testing service an have your school complete the Beauty Culture School Certification of Education form.*
6. *If applying by Reciprocity, contact the state(s) in which you are licensed to request that they send license certification to the address listed in the upper right hand corner of this form. A copy of your license will **NOT** suffice.*
7. *If applying for an Upgrade from a Professional License, your supervising licensee(s) must complete the Beauty Culture Verification form, Section B.*

* This agency is requesting disclosure of your Social Security Number 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)*:	Obtained by:
☐ Cosmetologist ☐ Esthetician ☐ Manicurist ☐ Electrologist ☐ Barber ☐ Instructor	☐ Examination ☐ Reciprocity ☐ Upgrade from Provisional

PART A - APPLICANT INFORMATION

Name of applicant (*last, first, middle*)	Social Security number *	Date of birth (*month, day, year*)
Permanent mailing address *(number and street, apartment number, city, state, and ZIP code)*		
Telephone number ( )	E-mail address	
If applying for an Instructor license, you must hold a primary Indiana license. Please list your primary Indiana Beauty Culture license.		
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: *(Please select ONLY ONE of the following.)* ☐ I am a United States Citizen. ☐ I am a qualified alien (as defined under 8 USC § 1641). ☐ I am authorized by the Federal government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? *(Optional)* ☐ Yes ☐ No	Are you an active duty member of the military? *(Optional)* ☐ Yes ☐ No	

PART B - PRELIMINARY EDUCATION

Have you completed the required preliminary education for the type of license you are applying for as indicated below per 820 IAC 2-1-5, IC 25-8-10-3(1), IC 25-8-12.1-3(1), IC 25-8-6-3(2)? ☐ 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 or GED.

PART C - RECORD OF LICENSURE

State of original licensure	License number	Date of issue *(month, day, year)*
State of licensure	License number	Date of issue *(month, day, year)*

PART D - QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, 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. ***Do not file this application without this documentation.***

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 contendre* 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

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

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