



APPLICATION FOR BEAUTY CULTURE PROFESSIONAL LICENSE BY RECIPROCITY

State Form 43493 (R13 / 7-17)

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
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. 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.

* 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):

- 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)	
Date of birth (month, day, year)	Place of birth (city and state or country)
Telephone number ()	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. **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 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)
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