APPLICATION FOR EXAMINATION FOR BEAUTY CULTURE INSTRUCTOR LICENSE State Form 45245 (R7 / 8-13) Approved by State Board of Accounts, 2013

PROFESSIONAL LICENSING AGENCY 402 West Washington Street, Room W072

Indianapolis, Indiana 46204-2246 Telephone: (317) 234-3031 E-mail: pla12@pla.IN.gov

STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS

INSTRUCTIONS: Please type or print legibly.

* Your Social Security number is being requested by this state agency in accordance with I.C. 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

FOR OFFICE USE ONLY							
APPLICATION FEE							
DATE FEE PAID (month, day, year)							
RECEIPT NUMBER				TAPE A PHOTOGRAPH HERE THAT IS AT LEAST 2" X 3" IN SIZE.			
LICENSE NUMBER ISSUED				IIV GIZE.			
DATE LICENSE ISSUED (month, day, year)							
LICENSE OBTAINED BY							
DO NOT WRITE ABOVE THIS LINE							
	APPLICANT II	NFORMATION					
Name (first, middle initial, last)				Social Security number *			
Address (number and street, city, state, and ZIP code)							
Date of birth (month,day, year) Telephone num							
Cosmetology license number	Date of expir	Date of expiration (month,day, year)					
Manicurist license number Date				Date of expiration (month,day, year)			
Electrologist license number Date				Date of expiration (month,day, year)			
Esthetician license number Di				Date of expiration (month,day, year)			
	PRELIMINARY	Y EDUCATION					
Check the appropriate box for the number of years completed		Received GED?		Date (month, day, year)			
□1 □2 □3 □4 □5 □6 □7 □8	9]12	□No				
	PRAC	CTICE					
I have actively practiced cosmetology, esthetics, manicuring, or electrology in a salon from to;							
at; Name of salon	; Name of salon Address of salon (number and street, city, state, and ZIP code)						
Salon license number							

If you answer "yes" to any of the following question the charges or conviction and status of criminal pro-	ns, please include documer	ETIONS Intation explaining the circur	nstances an	d any official documentation explaining
Except for minor violations of traffic laws resultin (1) have you ever been arrested; (2) have you ever entered into a prosecutorial diffelony in any state;	version or deferment agree	ement regarding any offense	, ,	nnor, or
(3) have you ever been convicted of any offense (4) have you ever pled guilty to any offense, miss (5) have you ever pled nolo contendre to any offense.		☐ Yes ☐ No		
	STATE	EMENT		
I certify that I personally completed this application understand that providing fraudulent information the license which may be issued.		•		
Signature of applicant		Date (month, day, year)		
TRANSCRIPT OF IN Date of enrollment (month, day, year)	ISTRUCTOR TRAINING -	To be completed by the O Date of graduation (month, da		y School.
Practical Examination Grade		Total hours obtained		
I do hereby certify and declare the transcript of tra below, and meets the requirements of the State B	=		nt enrolled a	at the school of cosmetology named
Printed name of student	Name of cosmetology school			License number
Signature of school official	Printed name of school official			Date (month, day, year)
	'			
	COSMETOLOGY SCHOO	OL NOTARY CERTIFICATE		
STATE OF				
COUNTY OF	SS:			
Subscribed and sworn to before me, this	day of		, 20	

Affix School Seal Here

County of residence

Date commission expires (month, day, year)

Signature of Notary Public

Typed or printed name of Notary Public