



# APPLICATION FOR INSTRUCTOR BY RECIPROCITY

State Form 46041 (R4 / 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. Please type or print legibly.  
2. Application fee is \$40.00.

**\* 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 paid (month, day, year)	Receipt number
License number	Date license issued (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

IDENTIFYING INFORMATION			
Name of applicant (first, middle initial, last )			Social Security number *
Maiden name (if applicable)			
Permanent mailing address (number and street, city, state, and ZIP code)			
County	Date of birth (month, day, year)	Telephone number (      )	E-mail address

PRELIMINARY EDUCATION		
Check the appropriate box for the number of years completed. <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Received GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date education completed (month, day, year)

RECORD OF LICENSURE			
<i>Please complete the information below concerning your license to instruct in another state.</i>			
State of original license	Title of original license	License number of original license	Date of issue (month, day, year)
State of current license	Title of current license	License number of current license	Date of issue (month, day, year)

RECORD OF TRAINING AND GRADES		
Name of school		
Address of school (number and street, city, state, and ZIP code)		
Total credit hours earned	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of graduation (month, day, year)

**CERTIFICATION**

*If you answered yes to any of the questions, please include documentation explaining the circumstances and any official documentation explaining the charges or conviction and status of criminal probation if applicable.*

- A. 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.*
- B. *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 contendere* to any offense, misdemeanor, or felony in any state?

**STATEMENT**

I do hereby certify and declare that I will abide by and obey all provisions of the law and rules adopted by the board.

I hereby 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 signed (*month, day, year*)