APPLICATION FOR COSMETOLOGY PROFESSIONAL TEMPORARY PERMIT

State Form 51120 (R2 / 5-12)

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3031
http://www.in.gov/pla

* Your Social Security number is being requested by this agency in accordnce with IC 4-1-8-1. Disclosure is mandatory and your application will not be processed without it. Social Security numbers are made available to the Department of Revenue.

INSTRUCTIONS:

1. *Complete section A of the application.*
2. *Supervising licensee completes sections B and C of the application.*
3. *Incomplete applications will not be considered.*
4. *Applicant must have an application for examination or reciprocity on file with the Board before requesting a temporary permit.*

****TEMPORARY PERMITS WILL NOT BE ISSUED TO PRACTICE IN A SALON THAT IS PRACTICING ON A TEMPORARY PERMIT.**
****ONLY ONE TEMPORARY PERMIT MAY BE ISSUED AND IT CANNOT BE TRANSFERRED TO ANOTHER SALON AFTER ISSUANCE.**

SECTION A - APPLICANT INFORMATION

Check the type of permit for which you are applying: ☐ Cosmetologist ☐ Manicurist ☐ Esthetician ☐ Electrologist

Name	Social Security number *
Address *(number and street, city, state, and ZIP code)*	
Telephone number ( )	E-mail address

SECTION B - SUPERVISOR INFORMATION

Name of supervising licensee	License number of supervising licensee
Name of salon	License number of salon
Address of salon *(number and street, city, state, and ZIP code)*	
Telephone number of salon ( )	E-mail address of salon

SECTION C - CERTIFICATION

I hereby certify that the above named applicant will be working in the above named salon under my supervision.

Signature of supervising licensee	Date (*month, day, year*)