



APPLICATION FOR BEAUTY CULTURE PROFESSIONAL PROVISIONAL LICENSE

State Form 54156 (R6 / 10-20)

**STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2700
Telephone: (317) 234-3031
E-mail: pla12@pla.IN.gov
Website: www.pla.in.gov

- INSTRUCTIONS:**
1. The fee for this application is \$40.00, payable to the Indiana Professional Licensing Agency, in accordance with IC 25-8-4-2.9, IC 25-8-11-8, IC 25-8-12.5-8, IC 25-8-10-4 and IC 25-8-12.1-13.
 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 at www.pla.IN.gov for the licensing requirements.
 5. Provide the Transcript of Education.
 6. Submit the Beauty Culture Provisional Verification form with your application.
 7. All documentation must be accompanied by a certified translation in English.

* Your Social Security number is being requested by this state agency in accordance with IC 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
License number issued	Date license issued (month, day, year)	License obtained by

DO NOT WRITE ABOVE THIS LINE

IDENTIFYING INFORMATION				
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Electrologist	<input type="checkbox"/> Barber
Name of applicant (last, first, middle)		Social Security number *	Date of birth (month, day, year)	
Address of applicant (number and street or rural route)		City, state, and ZIP code		
Telephone number (daytime) ())	E-mail address			
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.)				
<input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> 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)		Are you an active duty member of the military? (Optional)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

TRAINING		
Name of cosmetology or barber school attended		
Address of cosmetology or barber school attended (number and street, city, state, and ZIP code)		
Dates attended (month, day, year)	Total credit hours earned	Graduated?
From: To:		<input type="checkbox"/> Yes <input type="checkbox"/> No

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.	
<i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i>	
(1) have you ever been arrested;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> 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*)