



APPLICATION FOR BEAUTY CULTURE PROFESSIONAL PROVISIONAL LICENSE

State Form 54156 (R5 / 9-17)

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 46204-2700

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, per [http://www.in.gov/pla/files/Fee_Schedule_2015\(1\).pdf](http://www.in.gov/pla/files/Fee_Schedule_2015(1).pdf), 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. Provide Proof of Experience (such as proof of salon employment).
 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

	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)		Place of birth (city and state or country)		
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 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 U.S.C. § 1641).		
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		

TRAINING

Name and address of cosmetology or barber school attended		
Dates attended (month, day, year)		Total credit hours earned
From:	To:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No

EXPERIENCE IN YOUR JURISDICTION

Name and address of salon / shop	Dates of work experience (month, day, year)
	From: To:
Name and address of salon / shop	Dates of work experience (month, day, year)
	From: To:
Name and address of salon / shop	Dates of work experience (month, day, year)
	From: To:

Describe in detail the type of experience obtained

INDIANA SUPERVISING LICENSEE

Name of supervising licensee in Indiana **	License number
Name and address of salon / shop you will be employed at	License number of salon / shop
** Change of supervisor after license is issued requires written notification to the board and obtaining a duplicate license.	
I certify that the applicant will be working in the salon / shop indicated on this application under my personal supervision.	
Signature of supervising licensee	Date signed (month, day, year)

CERTIFICATION

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.

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; | <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 |

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.

I certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge. 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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