APPLICATION FOR WAIVER State Form 51730 (R2 / 12-12)

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:

Include documentation to prove good cause for waiver.
 You must have a valid examination application on file with the board prior to filing the waiver application for B & C.

If your examination application is more than three (3) years old it has been abandoned and you must file another application

| II your examination application is more than three (3) years old, it has be | en abandoned and you must me another | аррисанот. | |
|--|---|--|--|
| Please check all that apply. | | | |
| A. Three (3) year deadline to graduate from cosmetology school | | | |
| B. One (1) year deadline to sit for the examination | | | |
| C. Three (3) year deadline to pass the examination | | | |
| D. Six (6) month experience requirement to manage a salon | | | |
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| IDENTIFY | ING INFORMATION | | |
| ☐ Cosmetologist/Applicant ☐ Manicurist/Applicant ☐ Esthetician/Applicant ☐ Electrologist/Applicant ☐ Barber/Applicant ☐ Instructor/Applicant | | | |
| Name of applicant (first, middle initial, last) | | | |
| | | | |
| Address (number and street, city, state, and ZIP code) | | | |
| , , , . , | | | |
| E-mail address | | Telephone number | |
| L-Itiali address | | relephone number | |
| | | () | |
| | IATION FOR REQUESTS A - C | | |
| Date enrolled in cosmetology / barber school (month, day, year) Date gradu | uated, if applicable (month, day, year) | Number of hours completed | |
| | | | |
| Explain reason why deadline(s) was (were) not met. (Include documentation to support your request, if applicable.) Use back side of this application | | | |
| if additional space is needed. | | | |
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| REQUIRED INFO | RMATION FOR REQUEST D | | |
| License number | Date issued (month, day, year) | | |
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| Evaluin why waiting six (6) months to gain avantiance to manage a colon | would greate a bordehin (Include decum | | |
| Explain why waiting six (6) months to gain experience to manage a salon would create a hardship. (Include documentation to support your request, if applicable.) | | | |
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| Locatify that I never notify appropriate and that the information have and account to the best formation and that the | | | |
| I certify that I personally completed this application and that the information hereon is 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. | de la | pinnary action against the incense willell | |
| Signature of applicant | | Date (month, day, year) | |
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