

Arkansas Department of Health – Cosmetology Section
 4815 West Markham, Slot #8
 Little Rock, AR 72205
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 Email: cosmo@arkansas.gov ▪ Website: www.healthy.arkansas.gov



APPLICATION FOR LAPSED LICENSE

Complete this application by typing into the fields below. Forward the completed application to the Section with the following documentation:

1. **Legible photocopy of your current U.S. government issued photo identification** (i.e., driver’s license, state identification card, or military identification)
2. **Legible photocopy of your social security card**
3. **Legible photocopy of your previous license, if available**

Failure to complete ALL fields will result in an incomplete application which cannot be processed.

Applicant Information:

Full Legal Name:				
Last	First	Middle	Male	Female
Address:				
Street		City/State	Zip Code	
Phone Number:		Date of Birth:	Social Security Number:	
E-mail Address: (REQUIRED – Application confirmation, updates, and information will be sent to the email address provided)				
Race			Marital Status	
Black	White	Am. Indian	Hispanic	Asian Alaskan Naive
Your original license in the State of Arkansas was issued by which of the following:		Month and Year of Original Licensure		Year last licensed:
Examination		Reciprocity		
List ALL other last names or legal names you have had:				
Name of School				
Dates and Attendance (to the best of your knowledge)				
By signing this application, I certify that the information provided is correct to the best of my knowledge and that I understand that false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.				
Applicant’s Name		Signature		Date