Arkansas Department of Health Cosmetology, Body Art and Massage Therapy Section 4815 West Markham, Slot 8 Little Rock, AR 72205 501-682-2168

RE-EXAMINATION APPLICATION FOR STATE LAW

How to retake the State Law examination:

Please complete the application below and email it to: Cosmo@arkansas.gov

It is not necessary to contact the Cosmetology Section's office to schedule your examination. Once the application is received, the Section's office will automatically schedule you for the next examination and you will receive an email with information on how to take the State Law examination.

Please check **ONLY** one:

Student (Arkansas)

Reciprocity (Out of State)

First Name	Mide	dle Name		Last Na	ime		Social Security Number
Address		City		State		Zip Code	Phone Number
Date of Birth	Gender	Black	White	□ Arr	ı. Indian	Race	🛛 Asian 🔹 Alaskan Native
Email Address (REQU Cosmetology, Body Ar regarding your exami	rt and Massage	Therapy Section				ast State Law Exami ast Written Examina	

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that any false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Applicant's Printed Name	Applicant's Signature	Today's Date