Arkansas State Board of Cosmetology
101 E. Capitol, Suite 108
Little Rock, AR 72201
501-682-2168

Examination Application

Examination Fee $65.00 for practical - Must be submitted with this application

Please PRINT using blue or black ink. You must answer all questions.
If you have a disability and require accommodations please contact the Board's office.

Type of examination you are applying for:

☐ **Cosmetology** ☐ **Manicure** ☐ **Aesthetician** ☐ **Instructor** ☐ **Electrology**

First Name	Middle Name	Last Name	Social Security Number

Address	City	State	Zip Code	Phone Number
				( )

Date of Birth	Gender	Race
	☐ MALE ☐ FEMALE	☐ Black ☐ White ☐ Am. Indian ☐ Hispanic ☐ Asian ☐ Alaskan Native

Beauty School Attended	Date training began	Date completed training	Total hours completed

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Have you ever been licensed in any phase of Cosmetology? ☐ YES ☐ NO
If yes, Is the license current? ☐ YES ☐ NO If yes, what type of license? _____

If yes, in what State(s) were you licensed? _____

Are you a first time applicant? ☐ YES ☐ NO

☐ **practical only**

☐ **written only** (core law both) circle one

☐ **all parts of the written and practical**

Written Examination Request:

If **NO** to first time applicant, list date of examination.

What language do you prefer to take the written exam in? (circle one)

ENGLISH SPANISH VIETNAMESE KOREAN

This application must be completed in proper form and submitted with the $65.00 examination fee.

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 Board to take disciplinary action.

Applicant's Signature	Today's Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Date _____
Written Score _____

Date _____
Practical Score _____

Date processed _____

License #_____

Receipt # _____