

# Certification of Record Form

**INSTRUCTIONS:** Please print using blue or black ink. A Certification of Record Form is to be used when you are transferring your Arkansas license to another state. This form must be completed and returned to the Board's office, along with the required items listed below. Once this form and the required items are received, we will mail your certification directly to the State Board in the state to which you are transferring.

**Required items:**

1. A completed Certification of Record Form (this form).
2. A money order for the \$50.00 transfer fee. Please note that the transfer fee applies to each license you want to transfer.
3. A legible copy of a state identification card.

**Applicant Information:**

Last Name		First Name (no nickname)			Middle Name			
Address				Apt #	City		State	Zip Code
Phone Number (    )		Gender MALE    FEMALE		Race Black   White   Am. Indian   Hispanic   Asian   Alaskan Native				
Marital Status		SSN		Date of Birth		Place of Birth (city/state/country)		

**License Information:**

Arkansas Board reflects my status as:  ___ Student    ___ Licensee		Has your license been lapsed for five (5) years or more?  YES    NO		If yes, state the following: Month/Year first licensed? _____ Month/Year last licensed? _____		
Name under which you were last licensed.						
Type of License or Permit (circle one) Cosmetology    Manicure    Aesthetician    Instructor    Electrology				ID Number		License Number

**Out of State Information:**

I am requesting certification of my record to be sent to the following state:
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By signing this form, I certified that the information provided is correct to the best of my knowledge. Further, I understand that false statements will be sufficient grounds for the Board to take disciplinary action.

Printed Name	Signature	Date
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**DO NOT WRITE BELOW THIS AREA – FOR BOARD USE ONLY**

Date	Amount	ID Number	Receipt Number
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