

Arkansas Department of Health – Cosmetology Section  
 4815 West Markham, Slot #8  
 Little Rock, AR 72205  
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## APPLICATION FOR REGISTERED HAIRSTYLIST

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

1. **Non-Refundable \$1.00 application fee**
2. **Legible photocopy of your current U.S. government issued photo identification** (i.e., driver’s license, state identification card, or military identification)

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

### ESTABLISHMENT INFORMATION (This Section Must be Completed by Establishment Representative)

Establishment Name		Establishment email address		
Establishment Supervisor’s Name		Phone Number		
Establishment Address	City	State	Zip Code	

### 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: <b>(REQUIRED – Application confirmation, updates, and information will be sent to the email address provided)</b>				
Race			Marital Status	
Black	White	Am. Indian	Hispanic	Asian Alaskan Naive
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
Establishment Supervisor Name		Signature		Date