

# APPLICATION FOR BEAUTY CULTURE PROFESSIONAL PROVISIONAL LICENSE

STATE BOARD OF COSMETOLOGY EXAMINERS  
INDIANA PROFESSIONAL LICENSING AGENCY  
402 W. WASHINGTON STREET, ROOM W072  
INDIANAPOLIS, IN 46204-2700  
Phone: (317) 234-3031  
Email: [pla12@pla.in.gov](mailto:pla12@pla.in.gov)  
Website: [www.pla.in.gov](http://www.pla.in.gov)

**Instructions:** Provide Transcript of Education  
Provide Proof of Experience (*such as proof of salon employment*)  
Pay the License Fee (*call or check our website for current fee*)  
All documentation must be accompanied by a certified translation in English

## IDENTIFYING INFORMATION

Cosmetologist:                       Manicurist                       Esthetician                       Electrologist

Name of applicant (first, middle initial, last)

Address (number and street, city, state, ZIP code)

\*Social Security Number

E-mail address

Telephone number

*\* Your Social Security number is being requested by this agency in accordance with IC 4-1-8-1. Disclosure is mandatory and your application will not be processed without it.. Social Security numbers are made available to the Department of Revenue and as otherwise required by law.*

## TRAINING

Name and Address of Cosmetology School Attended

Dates Attended

From:                      To:

Total Credit Hours Earned

Graduated

Yes                       No

## EXPERIENCE

Name and Address of Salon

Dates of Work Experience

From:                      To:

Name and Address of Salon

Dates of Work Experience

From:                      To:

Name and Address of Salon

Dates of Work Experience

From:                      To:

Describe In Detail The Type of Experience Obtained

## SUPERVISING LICENSEE

\*Name of Supervising Licensee

License Number

Salon Name and Address

Salon License Number

*\*Change of supervisor after license is issued requires written notification to the board and obtaining a duplicate license.*

*I certify that the applicant will be working in the salon indicated on this application under my personal supervision.*

Signature of Supervising Licensee

Date Signed

## CERTIFICATION

Have you ever committed an act that would constitute a violation under IC 25-1-11?

\*Yes                       No

*\*If yes, provide written explanation along with legal documentation.*

Have you ever committed an act for which you could be disciplined under IC 25-8-14?

\*Yes                       No

*\*If yes, provide written explanation along with legal documentation.*

I certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge.

I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying, or for disciplinary action against the license which may be issued.

Signature of applicant

Date

