

Pre-Licensure Criminal Background Check Petition

Pursuant to Act 990 of 2019, submit form to request the Department of Health to make a determination about whether your criminal background precludes you from licensure for Cosmetology, Permanent Cosmetics, or Massage Therapy.

Contact Information:

Last Name	First Name (no nickname)	Middle Name			
Date of Birth	Social Security Number	Cosmetology _____ Permanent Cosmetics _____ Massage Therapy _____			
Telephone Number	Email Address (REQUIRED)				
Address	Apt. #	City	County	State	Zip Code

Criminal Record Information

Charge (ATTACH DISPOSITION):	Felony _____ Misdemeanor _____	Date of Conviction:
Sentence:	Completion Date of Sentence:	
Charge (ATTACH DISPOSITION):	Felony _____ Misdemeanor _____	Date of Conviction:
Sentence:	Completion Date of Sentence:	

Please use additional sheet for additional criminal records.

By signing this petition:

I swear or affirm that the statements contained herein (and included on any attached documentation) are true and correct and that I do not misrepresent any information contained therein.

I acknowledge that, in addition to this petition, I may be required to undergo a state and federal criminal background check at my own expense.

I acknowledge that any decision made in response to this petition is subject to change if there has been a change to the provided information during the formal application process.

I acknowledge that any decision made in response to this petition only applies to the criminal records aspect of the licensing process and does not guarantee licensure.

I acknowledge that any decision made in response to this petition is not subject to appeal.

Signature: _____ Date: _____