

**ARKANSAS DEPARTMENT OF HEALTH
COSMETOLOGY SECTION
4815 West Markham, Slot 8
Little Rock, AR 72205
(501) 682-2168**

<h1 style="margin: 0;">REGISTERED HAIRSTYLIST APPLICATION</h1>
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PLEASE READ CAREFULLY: “Registered hairstylist” means an individual who is registered with the department and who only provides washing, cleansing, drying, blow drying, combing, brushing, or styling services for the hair of any person for compensation, but does not provide other services under the art of cosmetology as described in Rule 903(d), and may provide services for compensation only in a licensed cosmetology establishment directly supervised by a licensed cosmetologist who is available to address health and safety issues that may arise in providing services to a consumer, but excludes an individual who only cleanses the hair of any person for compensation.

This form must be submitted with the \$10.00 Non-Refundable Fee and a legible copy of the applicant’s government issued photo ID.

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

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

Being convicted of a felony as provided under § 17-3-102 may disqualify you from licensure. Please complete and submit prelicensure petition (link below) before submitting a student permit application.

https://www.healthy.arkansas.gov/images/uploads/pdf/Act_990_Prelicensure_petition_.pdf

APPLICANT INFORMATION

Last Name		First Name			Middle Name			
Maiden Name (if applicable)	3	List any other <u>last</u> name you have ever used						
Address Where You Live	Apt. #	City	County	State	Zip Code			
Phone	Gender MALE FEMALE	Race	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
Marital Status	SSN	Date of Birth	Email Address (REQUIRED)					

CRIMINAL RECORD

Have you ever been convicted of or found guilty of or entered a plea of guilty or nolo contendere to any offense that would constitute a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list felony(s) _____
Have you completed and submitted a prelicensure petition? Yes ____ No ____

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	Today’s Date
ESTABLISHMENT SUPERVISOR NAME	SIGNATURE	Today’s Date