



State of Louisiana  
**LOUISIANA BOARD OF COSMETOLOGY**  
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## ALTERNATIVE HAIR DESIGN SPECIAL PERMIT APPLICATION

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### CHECK:

\_\_\_\_\_ I attended a Louisiana licensed school in this curriculum

Name of the school \_\_\_\_\_