



Jeff Landry
Governor

State of Louisiana

Louisiana State Board of Cosmetology
11622 Sunbelt Court, Baton Rouge, LA 70809
(225) 756-3404 Telephone - (225) 756-3410 Fax
Web Address: www.lsbclouisiana.gov

APPLICATION FOR RECIPROCITY- MILITARY

I hereby make application to the Louisiana State Board of Cosmetology for certification of registration under the law of the State of Louisiana, and attach all requirements together with a money order, check, or cashier's check, made payable to the Louisiana State Board of Cosmetology.

PLEASE PRINT

Name of Applicant: _____
FIRST MIDDLE LAST

Complete Mailing Address: _____

Home Telephone: () _____ Work Telephone () _____

Date of Birth: _____ Social Security # _____

School name where training was Acquired: _____

State(s) in which currently Licensed (if applicable) _____

License Number _____ Expiration Date _____ Initial Date _____

PLEASE ANSWER YES OR NO

1. Have you ever been convicted of, or placed on probation, for a felony offense? ☐ yes ☐ no
If the answer is **YES**, attach an explanation and records stating that you met your court directed obligations.
2. Have you obtained or attempted to obtain a certificate of registration (license) by means of fraud?
☐ yes ☐ no
If the answer is **YES**, attach an explanation and records stating that you met your court directed obligations.
3. Have you had a license, certification or registration suspended, revoked, or denied in any state?
☐ yes ☐ no
If the answer is **YES**, attach an explanation and records stating that you met your court directed obligations.

I have included the following items:

- ☐ a current picture (**PASSPORT SIZE**)
- ☐ a copy of my driver's license or state issued id card
- ☐ a copy of my social security card and military id
- ☐ my current **ORIGINAL** cosmetology license
- ☐ certification from the state that I received my training
- ☐ the correct fee amount- **\$50.00** fee for state exam and permit; visit www.lsbclouisiana.gov to download the Rules and regulations under the "Home" link.

By signing this application, I certify that the information provided above is true and accurate under penalty of perjury. I also certify that I am aware that it is a violation of the Louisiana Cosmetology Laws for an individual to work without a valid Louisiana cosmetologist, manicurist, esthetician, or instructor license.

DATE: _____ SIGNATURE _____