APPLICATION FOR RECIPROCITY NATIONAL EXAM

Louisiana State Board of Cosmetology
11622 Sunbelt Court
Baton Rouge, LA 70809
(225) 756-3404

Please check one
☐ Cosmetology
☐ Manicurist
☐ Esthetician
☐ Instructor

**Select language**
☐ English
☐ Vietnamese
☐ Spanish

*****PLEASE PRINT*****

Full Name: ________________________________________________________________

Address: ____________________________ Telephone Number: __________________________

City: ____________________________ State: ______ Zip: _______________

Birthdate: ___________ Social Security #: ______________________

Applicant’s Individual Email Address: _______________________________________

State(s) where currently licensed: _______________________________________

Name of the school attended: _____________________________________________

License #_________________________ Expiration Date________________________ Initial Date___________

Please make sure the following is included along with this application:

   o Recent COLOR photo of applicant (passport sized)

Applicant Signature: ____________________________ Date: __________________

NO MONEY REQUIRED WITH THIS APPLICATION

**THE NATIONAL TESTING FEES WILL BE PAID THROUGH THE TESTING COMPANY AT WWW.IQTTesting.com**