

APPLICATION FOR RECIPROCTIY NATIONAL EXAM

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

Please Designate Language:

- *English
- *Spanish
- *Vietnamese

Please check one

- Cosmetology
- Manicurist
- Esthetician
- Instructor

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Age: _____ **Birthdate:** _____ **Social Security #:** _____

Applicant's Individual Email Address: _____

Applicant's Telephone Number: _____

Name of Beauty School where training
acquired _____

City and State: _____

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

License Number _____ **Expiration Date** _____ **Initial Date** _____

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

- Recent COLOR photo of applicant

Applicant Signature: _____ **Date:** _____

- **NO MONEY REQUIRED WITH THIS APPLICATION**