



State of Louisiana
LOUISIANA BOARD OF COSMETOLOGY
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REQUEST FOR CERTIFICATION OF LOUISIANA LICENSURE (AFFIDAVIT)

| | |
|--|---|
| NAME/ADDRESS | Current Address Only |
| PHONE # | |
| SOCIAL SECURITY # | |
| LICENSE TYPE | |
| NAME YOU WERE INITIALLY LICENSED UNDER | |
| YEAR OF INITIAL LICENSE | |
| LICENSE EXPIRATION DATE | |
| SCHOOL ATTENDED & ADDRESS | |
| WHERE TO MAIL AFFIDAVIT (STATE/HOME) | The State That Needs The Certification <u>OR</u> Specific Address To Mail The Certification |

PLEASE SEND WITH A CURRENT DRIVER'S LICENSE OR ID