



State of Louisiana  
**LOUISIANA BOARD OF COSMETOLOGY**  
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Email: [lsbc@la.gov](mailto:lsbc@la.gov)

**REQUEST FOR CERTIFICATION OF LOUISIANA LICENSURE  
(AFFIDAVIT)**

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<b>NAME/ADDRESS</b>	<b>Current Address Only</b>
<b>PHONE #</b>	
<b>SOCIAL SECURITY #</b>	
<b>LICENSE TYPE</b>	
<b>NAME YOU WERE INITIALLY LICENSED UNDER</b>	
<b>YEAR OF INITIAL LICENSE</b>	
<b>LICENSE EXPIRATION DATE</b>	
<b>SCHOOL ATTENDED &amp; ADDRESS</b>	
<b>WHERE TO MAIL AFFIDAVIT (STATE/HOME)</b>	<b>State Transferring To</b>