



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

Jeff Landry
Governor

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- \$75.00 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 _____