

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF COSMETOLOGY

License No.

CO _____

COSMETOLOGIST
RENEWAL APPLICATION
EXPIRATION DATE: JANUARY 31, 2012
FEE: \$35.00

Name: _____

Address: _____

City: _____

State: _____ ZIP _____

RETURN ADDRESS:

State Board of Cosmetology
PO Box 8419
Harrisburg, PA 17105-8419

Your license will expire on January 31, 2012. To process your online renewal, click on www.mylicense.state.pa.us. For security purposes you have been assigned Registration Code. If you have previously renewed online, your User ID and Password are still valid. You will need a valid credit card (VISA, Mastercard, Discover or American Express). Follow all instructions, and you will have immediate confirmation that your renewal is being processed. You will receive your updated license indicating an expiration date of January 31, 2014 within seven to ten days. For assistance email st-my-license-helpdesk@state.pa.us. Online renewal is not available after March 1, 2012. After March 1, 2012, contact the Board Office for a reactivation application.

- I **will not** be practicing this profession in Pennsylvania after **January 31, 2012** and request inactive status. **No fee is required.**
- I have a change of name and/or address. **Complete only if name and/or address differs from above information.**

Name Change

Submit an 8 1/2 X 11 photocopy of a legal document verifying your new name. The only acceptable documents are a marriage certificate, divorce decree which indicates the retaking of a maiden name, court order indicating retaking of a maiden name, or a court order approving a legal name change. **Copies of driver's license or Social Security cards are not acceptable. Failure to submit required documents will result in your license being issued in the name as shown on our records.**

New Name: _____

Address Change

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined. I understand that practicing on an expired license may result in disciplinary actions and additional monetary penalties.

Signature (**Mandatory**): _____ Date: _____

FEE – Payable to “Commonwealth of Pennsylvania”

Write your license number on your payment.



LATE FEE - \$5.00 per month assessed when postmarked after January 31, 2012. Fee is non-refundable. Processing fee of \$20.00 charged for returned payment.

\$35.00