MAILING ADDRESS:

PO BOX 2649 Harrisburg, PA 17105-2649

DEPARTMENT OF STATE STATE BOARD OF COSMETOLOGY

COURIER ADDRESS:

2601 North Third Street Harrisburg, PA 17110

REQUEST FOR CERTIFICATION OF LICENSURE

To obtain a certification of your license, you must complete this form and return it to the <u>mailing address</u> above with a \$15.00 fee, check or money order, payable to the "Commonwealth of PA." There is a \$20.00 charge for all checks returned "NOT PAID" regardless of the reason for non-payment. Please note that an official certification will not be mailed to a residence.

If the state where you are applying for a license will accept a verification of your Pennsylvania license via Pennsylvania 's website, you may request that the licensure board download the verification at www.licensepa.state.pa.us

APPLICANT'S INFORMATION

	Last:	First:	Middle Initial: Ma		Maiden:		
APPLICANT'S							
NAME:							
			EMAIL				
LICENSE #:							
SOCIAL							
SECURITY #:							
APPLICANT'S							
ADDRESS:							
	City:		State:	Zip C	ode:		
IF YOU OBTAINED A PENNSYLVANIA LICENSE BASED ON YOUR LICENSE IN ANOTHER STATE (BY							
RECIPROCITY), ENTER THE NAME OF THE STATE HERE:							

MAILING INFORMATION

PLEASE PROV	SE PROVIDE THE NAME AND ADDRESS WHERE THE COMPLETED CERTIFICATION SHOULD BE MAILED. The Board will only mail certifications to another state agency or testing company.					
NAME:						
STREET:						
CITY:		STATE:	ZIP CODE:			

Email: st-cosmetology@state.pa.us
Web site: www.dos.state.pa.us
Telephone: 717-783-7130
FAX: 717-705-5540