

ARKANSAS DEPARTMENT OF HEALTH
 COSMETOLOGY SECTION
 4815 West Markham, Slot 8
 Little Rock, AR 72205
 (501) 682-2168

REQUEST FOR DEMONSTRATOR PERMIT

Required items:

1. A completed Request for Demonstrator Permit Form (this form).
2. A check or money order for the \$50.00 permit fee.
3. A legible copy of your driver's license or other government issued photo-identification license.

A Demonstrator's permit is required for any person who: (1) is not licensed by the Cosmetology Section; (2) is employed by a licensed cosmetological establishment; and (3) who applies cosmetics with his/her hands upon the body of client or demonstrates wigs as a regular part of his/her job duties. Beyond that scope, a demonstrator is not permitted to practice Cosmetology or any branch thereof, in any form.

APPLICANT INFORMATION: Please print using blue or black ink.

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|--------------------------------------------------------------------------------------------------------|----------------|----------------------|------------------------------------------|-----------------------|-----------------|
| Last Name | | First Name | | Middle Name | |
| Address | | Apt # | City | State | Zip Code |
| Phone Number () | SSN | Date of Birth | Gender MALE FEMALE | | |
| Race (circle one) Black White Am. Indian Hispanic Asian Alaskan Native | | | | Marital Status | |
| Describe in detail, the type(s) of service you will be performing: | | | | | |
| Establishment Name | | | Phone Number () | | |
| Establishment Address | Suite # | City | State | Zip Code | |

Applicant Signature:

By signing this application, I certify that the information provided above is true and accurate. Further, I understand that false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

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|-------------|---------------------|------------------------------|
| Date | Printed Name | Applicant's Signature |
|-------------|---------------------|------------------------------|

DO NOT WRITE BELOW THIS AREA – FOR OFFICE USE ONLY

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|-----------------------|-----------------------|-------------|
| LICENSE NUMBER | RECEIPT NUMBER | DATE |
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