

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

Lapsed License Form

PLEASE READ CAREFULLY: A license that has not been renewed for five (5) years has lapsed and is non-renewable. You must take and pass all portions of the examination (written, law written and practical) in order to become licensed again in the state of Arkansas.

It is important for you to know that a practitioner must hold a current valid Arkansas license in order to work. Furthermore, the establishment in which a practitioner works must be currently licensed in order to operate. The establishment owner(s) cannot allow a practitioner to work until the practitioner's current valid license has been inspected and posted in a designated place in the reception area or at the practitioner's workstation.

The following items must be submitted for a lapsed license in order to apply for the examination:

1. A completed Lapsed License Form (this form).
2. A legible copy of a government-issued photographic identification card that contains your signature and date of birth. Such forms of photographic identification are a photographic driver's license from any state or an Arkansas photographic ID card.
3. A legible copy of your social security card.
4. A copy of your previous license, if available.

Original examination information: Print using blue or black ink.

Last Name	First Name (no nickname)	Middle Name
Maiden Name (if applicable)	List all possible last names	
Address where you receive mail		
Your original license in the state of Arkansas was issued by which of the following: (circle one)	EXAMINATION	RECIPROCITY

Name as shown on last license issued to you: Print using blue or black ink.

Last Name	First Name (no nickname)	Middle Name
Maiden Name (if applicable)	List all possible last names	
Date of Birth	Social Security Number	
Month and Year of Original Licensure	Year Last Licensed	

School Information:

Name of School
Dates of Attendance (to the best of your knowledge)

By signing this form, I certified that the information provided is correct to the best of my knowledge. Further, I understand that false statements will be sufficient grounds for the Cosmetology Technical Advisory Committee to take disciplinary action.

Signature	Date
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