



Supplemental Verification Form

This form is to be used by Domestic License Transfer applicants whose state of licensure does not send certifications of licensure to other states. Fill out all information requested below and submit this form with your Domestic License Transfer Application. If it is determined that your state of licensure does send out certifications, your application will be returned and your licensure will be delayed. If you are licensed in more than one state that does not provide a certification of licensure, use one form for each.

Step 1: Provide License Information

First and Last Name (as it appears on your license): _____

License Number: _____ Expiration Date: _____

State of Licensure: _____ Original License Issue Date: _____

URL of Online License Lookup: _____

Step 2: Answer Questions

1) Have you been continuously licensed? Yes. No.
If "No," provide date ranges for any gaps in licensure: _____

2) Has this license been censured, suspended, revoked, canceled, terminated or been subject to any type of administrative or disciplinary action? Yes. No.
If "Yes," more information may be required of you upon application review.

3) Does your state send certifications of licensure to other states? Yes. No.
If "Yes," this form will not be accepted and your licensure will be delayed.

Step 3: Attach Copy of Cosmetology License (Required Attachment)

Obtain a photocopy or scan of the license you describe here and attach it to your form. If you do not attach a copy of your license, this form will not be accepted and your licensure will be delayed.

Step 4: Complete Certification

I, _____, certify that my state of licensure does not send certifications
(First and last name as it appears on your application)

of licensure to other states and that all information provided above is true and accurate. I also certify that the attached copy of my license is true and accurate and not modified from its original form.

Signature

Date