



# OHIO STATE COSMETOLOGY AND BARBER BOARD

To protect and support the public through regulation and education, while promoting the integrity of the cosmetology and barbering industries.

1929 GATEWAY CIRCLE GROVE CITY, OHIO 43123

PHONE: (614) 466-3834 [WWW.COS.OHIO.GOV](http://WWW.COS.OHIO.GOV)

## Request for Duplicate License ~ Individual Barber

**FEE: \$45.00 Per License Requested (Non-Refundable/Non –Transferable)**

**MAKE CHECK or MONEY ORDER**

**MADE PAYABLE TO: TREASURER STATE OF OHIO**

**CASH WILL BE RETURNED**

**Application must be typed**

First	Middle	Last	Maiden		
Current Street Address	City	State	Zip Code	County	
Board License Number	Email Address (Required)	Contact Number (include area code)			
<b>Type of License Requested for Duplicate.</b>					
Type of License:	<input type="checkbox"/> Barber	<input type="checkbox"/> Teacher			
<b>Reason for Duplicate Request.</b>					
Original License was:	<input type="checkbox"/> Lost	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Not Received	<input type="checkbox"/> Stolen	<input type="checkbox"/> Legal Name Change

**Only one (1) duplicate license permitted to be issued per renewal period.**

**A copy of applicant's current, valid driver's license or State ID including picture must be submitted with this application.**

**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

I hereby swear, or affirm, that the statements contained in this application are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant (Must be signed in presence of Notary)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public - (Commission Expiration Date is Required)

NOTARY SEAL

**Notice on Collection of Personal Information**

The Ohio State Cosmetology and Barber Board collects personal information on this form principally to identify and evaluate an applicant's qualifications for licensure, issue and renew licensure and enforce the provisions of Section 4713 and 4709 of the Ohio Revised Code. Submission of this information is mandatory and the Board cannot process your application without a complete and accurate profile that includes the information requested. Information submitted to the Board, **excluding** confidential personal information as listed under Section 149.43 of the Ohio Revised Code, may be disclosed in response to a request for public records, to another state or government agency as required by law, or pursuant to a court order. Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666). Licensees may request to review the information maintained by the Ohio State Board of Cosmetology. Questions should be directed to the Board office.

The Ohio State Cosmetology and Barber Board maintains personal information data in an interconnected enterprise licensing data system that is accessed by other agencies authorized to engage in occupational and professional licensing in the state of Ohio. Access to personal information data maintained in the interconnected enterprise licensing system by participating agencies is strictly limited to purposes identified by each participant, in accordance with Section 1347.15 of the Revised Code.

I hereby request that in order to process my application, act upon renewal requests, and to respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with OAC 4713-1-13(E) and (G), 4709-11-01 (D), (J) and (K)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date