



# 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)

## Advanced License Application (Based on Work Experience)

**EXAM FEE: \$31.50 (Non-Refundable/Non-Transferable)**

**MAKE CHECK or MONEY ORDER**

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

**Application must be typed**

LAST NAME	FIRST	MIDDLE	MAIDEN
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER AND AREA CODE	COUNTY	DATE OF BIRTH: MONTH DAY YEAR	
EMAIL ADDRESS	GENDER:		FEMALE    MALE

Cosmetology Board License Number (Required)

**Select one (1)** of the following to indicate the type of Advanced license for which you are applying. If you are applying for more than one (1) type, a separate application must be completed for each.

Cosmetology	Manicurist	Esthetic	Natural Hair Stylist	Hair Designer
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A copy of applicant's current, valid driver's license or State ID with picture must be submitted with this application.

**Certification of 1800 hours of work experience is required to be submitted with this application.**

**A basic license in the same scope of practice that an advanced license is being requested is required.**

**Amount Received**

\$ \_\_\_\_\_

**Certification of Work Experience**

Applicant must have the owner in which they have been employed or Advanced licensee certify to the board that the applicant has engaged in the practice of cosmetology or branch of cosmetology in a licensed salon for at least one thousand eight hundred hours (1800).

**Affidavit - This Section Must be Notarized**

Salon Owner: \_\_\_\_\_ Salon License Number \_\_\_\_\_

Name of Salon \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Number of hours worked: \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner (Must be signed in presence of notary)

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

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)

↓ **For use if more than one employer needed to verify the required 1800 hours of work experience.** ↓

Salon Owner: \_\_\_\_\_ Salon License Number \_\_\_\_\_

Name of Salon \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Number of hours worked: \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner (Must be signed in presence of notary)

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

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)

**Affidavit - This Section Must be Notarized**

Advanced Licensee: \_\_\_\_\_ License Number \_\_\_\_\_

Name of Salon \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Number of hours Advanced licensee is verifying the applicant has worked: \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Advanced Licensee (**Must be signed in presence of notary**)

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

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)



**For use if more than one Advanced Licensee needed to verify the required 1800 hours of work experience.**



Advanced Licensee: \_\_\_\_\_ License Number \_\_\_\_\_

Name of Salon \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Number of hours Advanced licensee is verifying the applicant has worked: \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Advanced Licensee (**Must be signed in presence of notary**)

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

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)