



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

FEE: \$7.50

Please make check or money order

Made payable to: Treasurer State of Ohio

CASH WILL BE RETURNED.

APPLICATION FOR A WORK PERMIT

STUDENT INFORMATION:

| | | | | |
|------------------------------------|---------------|-------|-------------------|--------|
| Name Last | | First | Middle | |
| Address | | City | Zip Code | County |
| Contact Number (Include Area Code) | Email Address | | Social Security # | |

SCHOOL INFORMATION: Where training was received.

| | | | |
|------------------|--------------------|--------------------|----------|
| Name of School | | | |
| Address | City | State | Zip Code |
| Program of Study | Date of Enrollment | Date of Completion | |

SALON INFORMATION:

| | | |
|---------------|------|-----------------|
| Salon Name | | Salon License # |
| Salon Address | City | Zip Code |

I understand this work permit is valid only until my scheduled Ohio Board examination date. I further understand this work permit must be returned to the Ohio State Cosmetology and Barber Board at the time of my participation in the examination and that I am permitted to work only in an Ohio licensed salon.

**Rescheduling of an examination date does not extend the date of work permit.
Applicant is only eligible for one (1) work permit.**

AFFIDAVIT

State _____
County _____

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

(Signature of Applicant must be signed in front of the Notary)

Subscribed in my presence and sworn to before me this _____ day of _____, Year _____

(Notary Public - Commission Expiration Date is Required)

NOTARY SEAL

Rev. 01222018

Amount Received \$ _____