



THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123
Phone: (614) 466-3834 Fax: (614) 644-6880 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 then one (1) type, a separate application must be completed for each.

Cosmetology Manicurist Esthetic Natural Hair Stylist Hair Designer

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.

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)