



# 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](http://www.cos.ohio.gov)

## Request for Duplicate Boutique Registration

**FEE: N/A**

**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 Registration Requested for Duplicate.</b> |                          |                                    |              |        |                   |
| Type of Registration:                                | Braiding                 | Shampooing                         | Threading    |        |                   |
| <b>Reason for Duplicate Request.</b>                 |                          |                                    |              |        |                   |
| Original License was:                                | Lost                     | Destroyed                          | Not Received | Stolen | Legal Name Change |

**Only one (1) duplicate registration permitted to be issued per renewal period.  
February 1, 2017 - January 31, 2019**

**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 Board of Cosmetology 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 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 Board of Cosmetology 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).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date