



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

Request for Inactive (Escrow) License Reinstatement

This form is not an application for reinstatement. Is it a request for reinstatement information.

Upon request, you will receive an **email** containing individualized instructions on the requirements that must be completed in order to reinstate your license to an **ACTIVE** status.

To request reinstatement of an INACTIVE license, complete and return this form to:

Sue.Gatwood@cos.state.oh.us

Name: Last First Middle Maiden

Current Street Address City State Zip Code County

Previous Street Address City State Zip Code

XXX-XX-

Board License Number (Required) Birthdate (MM/DD/YYYY) (Required) Social Security Number (Last 4 Digits)

Contact Number (include area code) Email Address (Required)