



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

ACTIVE MILITARY OUT OF STATE LICENSE TRANSFER

FEE: Not Applicable

In order to transfer an out of state license as an Active Duty Military member or the spouse of an Active Duty Military member (as defined in OAC 4713-01-01) of the United States Armed Forces, you will need to submit the following information:

- Board certification from the state or territory of the United States in which currently licensed. All board certifications must be received directly from a state board; certifications will not be accepted directly from an applicant. Only certifications received within six (6) months of preparation date will be accepted.
- A copy of current cosmetology license. The license must be active and in good standing in order to be accepted by the Ohio State Board of Cosmetology. The license must remain active and in good standing until an Ohio license has been obtained.
- For spouse only: Documentation that the applicant is a legal spouse of an active duty member military member. (i.e. copy of marriage license)
- A copy of the military orders assigning a duty station in Ohio OR a copy of orders assigning a duty station outside of the United States with a notarized statement indicating that it is not suitable for a spouse to relocate to assigned area and spouse will be residing in Ohio during the deployment.
- Copy of applicants current, valid driver's license or state issued identification.

Select one: I am an Active Duty Member I am the Spouse of an Active Duty Member

| | | | | | | | | | | | |
|---|--|--|---|--|--|--|--|--|----------|--|--|
| Last Name | | | First Name | | | Middle Initial | | | | | |
| Street Address | | | City | | | State | | | Zip Code | | |
| Military Branch | | | Birth Date: MM DD YYYY | | | Social Security Number: ____ - ____ - ____ | | | | | |
| Phone: (____) ____ - ____ | | | Email Address: | | | | | | | | |
| List the state in which the active license is held. | | | YES or NO Have you ever been licensed in Ohio? | | | Ohio License # (if applicable) | | | | | |



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For Spouse Only:

I _____ will be residing in Ohio during the time in which my Active Duty Military spouse is deployed to a duty station located outside of the United States. I will be residing at the address listed below:

| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|
|----------------|------|-------|----------|

AFFIDAVIT

State of: _____
County: _____

I hereby swear, or affirm, that the statement on this record is true and accurate to the best of my knowledge and belief.

(Signature of applicant (must be signed in the presence of Notary))

Subscribed in my presence and sworn to before me this _____ day of _____, 20____

Notary
Seal

Notary Public (Commission expiration date required)