



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

Independent Contractor Application

FEE: \$75.00 (Non-Refundable/Non –Transferable)
PLEASE MAKE CHECK or MONEY ORDER
MADE PAYABLE TO: TREASURER STATE OF OHIO
CASH WILL BE RETURNED.

A current, active practicing license is required in order to obtain an Independent Contractor’s license.

Last _____ First _____ Middle _____ Maiden _____

Home Street Address _____ City _____ State _____ Zip Code _____ County _____

Board ID Number _____ Birthdate (MM/DD/YYYY) _____ Social Security Number (Last Four Digits Only) XXX - XX - _____

Contact Number (Include area code) _____ Email Address (Required) _____

AFFIDAVIT~ ACKNOWLEDGMENT

STATE OF _____
COUNTY _____

I hereby swear, or affirm, that the statements on this application are true and accurate to the best of my knowledge and belief.

I **acknowledge** my personal confidential information is required by the Ohio State Board of Cosmetology for the purposes outlined below.

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 OF APPLICANT (Must be signed in presence of Notary)

**NOTARY
SEAL**

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

NOTARY PUBLIC (Commission expiration date required)