



Arizona State
Board of Cosmetology

Kim Scoplitte, Executive Director

1740 W. Adams • Suite #4400 • Phoenix, AZ 85007
Phone 480.784.4539 • www.azboc.gov

Public Records Reproduction Request

Thank you for your request for the Board of Cosmetology information. Please follow each step below:

1. **READ ALL INFORMATION CAREFULLY**
2. **Complete the Public Records Reproduction Request (page 2)**
3. **Complete the attached order form (page 3) and submit \$25.00 money order for programming fee (non-refundable).** Records may be requested by zip code, city or statewide. If you request statewide, it will costly. Cost will vary to each zip code area. The information that is provided is only the name, address, city, state, and zip code. No phone numbers will be provided.
4. **After the list has been compiled, an invoice will be sent out for the total amount due.** All fees are non-refundable:
 - a. **Listing fee:** \$15.00 for each type selected (cosmetology, nail technician, aesthetician, etc.)
 - b. **Per name:** \$0.035
 - c. **Media available:** CD-ROM (Excel format)

***NEW CHANGE: MAILING LABELS are not available, do to postage cost increase.**

***This information will be listed on the invoice.** Submit money order or cashier's check (non-refundable) payable to Board of Cosmetology. **NO CHECKS** will be accepted for orders.

Please allow 5-6 weeks for invoicing and processing time. Orders awaiting return of final fees after billing will be held for **60 days** after which they will become null and void. After that 60 day period, order much be reinitiated.

Please make your selections on the attached order form and return it to us along with the \$25.00 programming fee and the completed Public Records Request form to the address on the letterhead. We will then program your order obtaining the total counts and amount due based upon your order form. You will then be contacted with the total amount of order and balance due.

Separate listings require separate programs and a programming free is required for each program selected.

Arizona State Board of Cosmetology
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Phoenix AZ 85007

Public Records Reproduction Request

The following form may be used to order a print out of names or computer CD (Excel format). Complete both pages. After we receive your request, an invoice will be mailed to you, and upon receipt of a money order, the request material will be sent to you. (This list will **only** show: name, address, city, state and zip code) All fees are non-refundable.

This document represents the statement of _____,
(print name of requesting party)

submitted to the Arizona State Board of Cosmetology requesting that the records custodian provide reproduction of the public records specified herein. Records may be requested by zip code, city or statewide. Indicate the records you wish to have reproduced on the attached Order form.

State specifically the purpose for the listing below:

I, _____, declare that I have read the information and instruction sheet accompanying this form and understand the contents therein. I further declare that the information or reproduction of the public records described above which I have requested is to be used solely for:

Non-Commercial Purpose

Commercial Purpose

I further declare that such information or reproduction will not be used directly or indirectly for a different purpose other than described above. I further declare under penalty of perjury that the foregoing is correct and true.

Requesting Party's Signature:

Address:

ORDER FORM

Listings for **salons**, and **personal licensees** require separate programming with individual fees.

Labels/other: \$ 0.035 per name

CATEGORY SELECTION: \$15.00 EACH

PERSONAL LICENSEES:

Aesthetician
 Cosmetologist
 Nail Technician
 Hairstyling

Aesthetics Instructor
 Cosmetology Instructor
 Hairstyling Instructor
 Nail Instructor

SALONS:

Aesthetic salons
 Cosmetology salons
 Nail salons

SCHOOLS:

All schools are listed on our website
www.azboc.gov

SORT BY: (select only one)

Sort alphabetically by name
 Sort alphabetically by city
 Sort by zip code ascending

AREA REQUESTED: (select only one)

Cities (List cities alphabetically on the back)
 Statewide (all) (*remember ordering a full list can be costly*)
 Zip code (statewide or list all zip codes requested on back)

REPORT FORM: (select only one)

CD-ROM – no charge

Note:

All request will be mailed to address listed

CONTACT INFORMATION

Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Phone (_____) _____
Fax (_____) _____