

Arizona State Board of Cosmetology

1740 W Adams #4400 • Phoenix • AZ • 85007 • (480) 784- 4539 • azboc.gov

ARIZONA RECIPROCITY APPLICATION

- Only complete applications will be processed; a complete application includes all applicable supporting documents and fees. **AN APPLICATION WITH WHITEOUT OR CROSSED OFF INFORMATION WILL NOT BE PROCESSED. PLEASE PRINT AND SUBMIT.**

- There are two ways to qualify for a license by reciprocity in Arizona: (A) license for license or (B) examination. For either type you need:
 1. A complete application (see below) including your valid Social Security Number and proof of citizenship or alien status;
 2. The **fee of \$140.00** by cashier's check or money order only for reciprocity and a fee of **\$25.00** for the Infection Protection and Law class paid by cashier's check or money order only. **Payable to: AZ Board of Cosmetology** (You may combine the fees)
 3. A copy of your current, active and in good standing license in another state or country (if applicable);
 4. Verification/Certification of status as set forth in (A) or (B) below;
 5. An independent evaluation as explained below, if applicable (**only applies to out-of-country applicants**);
 6. (2)Two current 2x2 passport quality photos (*Please note the photo will show on your license*).
 7. REGISTER & ATTEND the Infection Protection and Law class.

(A) License for license: If you hold a current, active and in good standing license, this may be the easier way to obtain an Arizona license. Provide a certification of a current license from another state or country including the beginning and ending dates of licensure; i.e., a "license" is renewed at set times. A Certificate/Diploma is not acceptable. **Contact your governing board/licensing agency to obtain a verification/certification of licensure.** **The certification of license must be mailed or emailed directly to our office from the licensing agency azboard@azboc.gov.**

OR

(B) Examination: If your government does not "license" or if you have completed the required education and did not obtain a license in your state or country, or have an expired license; you may still qualify for reciprocity by examination. Obtain verification of expired licensed, hours, curriculum studied, and/or graduation from a school with substantially similar requirements corresponding with Arizona law.

The evaluation service will assess education received: If your government does verify hours and graduation, obtain an evaluation and **have it mailed directly to our office:**

**National Interstate Council (NIC): If you have taken and passed the written and practical portions of this examination within the last year but are not yet licensed, provide a state certification to that effect.

- If you qualify for examination, you will be contacted with further information and fees.
- If a separate evaluation is necessary, you will be contacted.

If you received your training or licensure outside the United States; or have graduated within the U.S but are not licensed; or the governing board from that state in which you have put in those hours does not verify hours:

- (1) Contact an **independent evaluation service of your choice**;
- (2) Send information and fees for evaluation **only** directly to the service, not to this Board; **(DO NOT SEND RECIPROCITY APPLICATION AND RECIPROCITY FEE TO THE EVALUATION SERVICE)**
- (3) Ask for a general evaluation and have the evaluation sent **directly to our office** or email to azboard@azboc.gov

NOTE: Your license will expire every 2 years on your birthday! 2 year renewal fee: \$60.00 Delinquent fee: \$30.00

Renewals must be postmarked on or before your birthday.

If you have a disability and need special accommodations to participate in Board programs including receiving this information in an alternative format, please contact the ADA Coordinator at this office.

ARIZONA RECIPROCITY APPLICATION

This application is made under and pursuant to provisions of the laws of the State of Arizona, A.R.S. Chapter 5, and Title 32.

PART I: PERSONAL DATA (Please Print)

Full Name: First, Middle, Last Name (All names must match)			
First Name:	Middle Name:	Last Name:	
Address:			
City	State	Zip Code	
Date of Birth: mm/dd/yyyy	Social Security #: xxx-xx-xxxx		
Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone #:	Email Address:	

**PLACE
CURRENT
2X2 PHOTO
HERE**

PART II: APPLICATION FEE

Fee: \$140.00 – Pay by either cashier’s check or money order only. Personal checks are not accepted. **Fees are NON refundable**; evaluate eligibility carefully. Pursuant to **A.R.S. § 41-1080.01**, if this is your first time applying and your family income does not exceed 200% of the Federal Poverty Guidelines, you may qualify for a one-time waiver of the Board’s application fee of \$140.00. If you think you may qualify for this fee waiver, please check here and enclose a copy of your family’s previous year’s submitted and signed Federal tax returns.
<https://familiesusa.org/product/federal-poverty-guidelines>

Check if FEE is enclosed *Incomplete applications will be returned and will delay process of license

PART III: LICENSING (complete all information below)

Which license type are you seeking?

Check only one: Cosmetology Hairstyling Aesthetic Nail Technology
Instructor type: Cosmetology Hairstyling Aesthetic Nail Technology

***Use a separate reciprocity application for each license**

Check if your military or military spouse. Submit a copy of your military orders

*****All applicants are required to attend the Infection Protection and Law Review class given at the Board office prior to license approval. There is a \$25.00 fee for the class. See instructions and attached form. There is no test after the class**

List ALL states or country in which you are currently licensed in:

- Certification of license is required to be emailed to: azboard@azboc.gov

List ALL state(s):

Have you had a previous license through Arizona Board of Cosmetology? YES NO
 If YES; License number: _____ Name on license: _____

PART IV: BEAUTY COLLEGE INFORMATION

Name of School attended:	City:	State:	Phone #:
Year graduated:	Has any cosmetology license under your name had disciplinary action taken against it? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever had a cosmetology license suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, give details:			
Have you taken an Arizona examination within the last five years? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES: When:		Which exam:	Under what name:

PART V: REVIEW CHECKLIST

Have you: (Check all to Complete Application)	<input type="checkbox"/> Enclosed a money order \$140.00	<input type="checkbox"/> Attached a copy of your current professional license
	<input type="checkbox"/> Completed all blanks	<input type="checkbox"/> Request a certification from governing board
	<input type="checkbox"/> Enclosed an evaluation, if applicable (as explained in Instructions)	<input type="checkbox"/> Infection Protection and Law Class form Fee: \$25.00 money order for the class
	<input type="checkbox"/> Enclosed proof in citizenship or alien status	

PART VI: APPLICATION CERTIFICATION

I hereby certify under penalty of perjury, that I have read and understood this application for Reciprocity, and know that contents thereof that all my statements and information disclosed herein and in the attached forms, including all supporting documents, are true, accurate and correct in every respect; and that I have not failed to disclose any information that might affect my application, with full knowledge that the information submitted in this application may constitute a violation of the law and may be grounds for denial of my application for disciplinary action against my application/license.

Applicant Signature: _____ **Date:** _____

Pursuant to section 41-1093.01, Arizona Revised Statute, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41.1093.01, Arizona Revised Statutes.

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License
Arizona State Board of Cosmetology**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____
TYPE OF APPLICATION (Check one) INITIAL APPLICATION RENEWAL
TYPE OF LICENSE/CERTIFICATION (Check one) Cosmetology Instructor
 Nail Technology Salon
 Aesthetician Schools
 Hairstyling

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No
If **Yes**, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory _____

If you answered **Yes**, 1) Attach a legible copy of a document from List A (attached)
 Name of document _____
 2) Go to Section IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from List B (Attached) or other document as evidence of your status. Name of document provided _____

Qualified Alien Status (8 U.S.C.§§ 1621(a)(1),-1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.
PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

- A.
1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
 2. A driver license issued by a state that verifies lawful presence in the United States, dated 2000 and beyond. States for which licenses are not acceptable are: Hawaii, Maryland, Massachusetts, Michigan, New Mexico, North Carolina, Oregon, Texas, Utah, and Washington, as these States do not verify lawful presence in the United States.
 3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
 4. A United States certificate of birth abroad.
 5. A United States passport. ***Passport must be signed***
 6. A foreign passport with a United States visa.
 7. An I-94 form with a photograph.
 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
 9. A United States certificate of naturalization.
 10. A United States certificate of citizenship.
 11. A tribal certificate of Indian blood.
 12. A tribal or bureau of Indian affairs affidavit of birth.
 13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.
- B. This section does not apply to an individual, if all of the following apply:
1. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
 2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.
- C. If, pursuant to subsection A, an individual has affirmatively established citizenship of the United States or a form of non-expiring work authorization issued by the federal government, the individual, on renewal or reinstatement of a license, is not required to provide subsequent documentation of that status.
- D. If, on renewal or reinstatement of a license, an individual holds a limited form of work authorization issued by the federal government that has expired, the individual shall provide documentation of that status.
- E. If a document listed in subsection A, paragraphs 1 through 13 does not contain a photograph of the individual, the individual shall also pre-send a Government issued document that contains a photograph of the individual.
- F. For the purposes of this section:
1. "Agency" means any agency, department, board or commission of this state or any political subdivision of this state that issues a license for the purposes of operating a business in this state.
 2. "License" means any agency permit, certificate, approval, registration, charter or similar form of authorization that is required by law and that is issued by any agency for the purposes of operating a business in this state.

ARIZONA STATE BOARD OF COSMETOLOGY

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INFECTION PROTECTION/LAW CLASS REGISTRATION

NAME:	PHONE #:
ADDRESS:	COSMETOLOGY RELATED LICENSE #:
CITY, STATE, ZIP	SOCIAL SECURITY#:

****If your name has changed, please include documentation showing change. (i.e. marriage license, divorce decree, etc.)**

Please check the reason below for taking the class:

BOARD ORDER ___ **GENERAL INTEREST** ___ **LICENSE REACTIVATION** ___ **RECIPROCITY** ___

The Infection Protection/Law class begins at **9:00 AM** and usually lasts about **2 hrs**. This class is required by 32-513 (3) for all Reciprocity applicants and 32-518 (B) (2), R4-10-110 (B), (C) (2) for all Reactivating applicants to attend this class. **Be on time and ready for the class.** If late, you will need to reschedule and pay another fee of \$25.

REGISTRATION AND PAYMENT MUST BE IN THE BOARD OFFICE AT LEAST 30 WORKING DAYS PRIOR TO THE DATE OF THE CLASS YOU HAVE CHOSEN. IF APPLICATION IS NOT RECEIVED WITHIN THAT TIME FRAME YOU WILL BE REGISTERED FOR THE NEXT CLASS DATE. YOU MAY CALL TO VERIFY.

YOU WILL BE SCHEDULED BASED ON AVAILABILITY. ALL FEES ARE NON-REFUNDABLE AND MUST BE PAID BY MONEY ORDER.

YOU WILL NOT RECEIVE A CONFIRMATION.

CHECK BOX BELOW TO INDICATE CLASS AMOUNT PAID

LICENSE REACTIVATION ONLY

Law Class fee \$25.00

Delinquent Fee(s) \$ _____

Total \$ _____

RECIPROCITY, GENERAL INTEREST OR BOARD ORDERS

Law Class Fee \$25.00

AVAILABLE CLASS DATES (Circle One)

<u>2020</u>	<u>2020</u>	<u>2020</u>
Aug 10	Aug 31	
Sept 14	Sept 28	
Oct 5	Oct 19	
Nov 2	Nov 16	Nov 30
Dec 14	Dec 28	

REMINDER: Bring a valid picture ID. Be On Time. If the class doors are closed, you will have to reschedule and pay the \$25.00 fee again. PARKING & ENTRANCE TO THE CLASS ARE LOCATED AT THE BACK OF THE BUILDING. Visitor parking made available on lot and on lower level of parking garage. Please be aware at our NEW location there will be a security check prior to the class area. Allow extra time for the security area and the sign in area located in "Board Room "A".

***If you have a disability and require reasonable accommodations to participate in our services including receiving this information in an alternative format, contact the ADA Coordinator (Mimi). 480-825 7002.

***** SOUTH CAROLINA AND COLORADO LICENSEES ONLY:**

We have been informed by the above Cosmetology Boards that they may no longer respond promptly to, will provide information electronically, or do not provide requests for certification of licensure. This may mean a delay in your application being evaluated for Arizona licensure. This office will contact these Boards and provide a certification for you based upon information provided below. **This certification will be completed based upon information obtainable by this Board and does not guarantee qualification for licensure in Arizona. Any dispute with information obtained (or information not found) will be between the applicant and their Board of Cosmetology.** If you have questions about these policies, please contact that state board.

CERTIFICATION REQUEST FORM

If you are applying from South Carolina or Colorado and wish to have this office provide your certification please send:

1. A copy of your CURRENT state license;
2. A completed Arizona Certification request form (following);
3. \$30 cashier’s check or money order. FEES ARE NON-REFUNDABLE.

Please print or type. Incomplete forms will cause processing delays.

NAME

DATE

MAILING ADDRESS

PHONE #

CITY STATE ZIP

SOCIAL SECURITY NUMBER

[LICENSE INFORMATION](#)

If you have more than one license to be certified, you must provide a separate form and fee for each license.

State of Licensure: _____ State license number: _____ Expiration date: _____

Name as it is listed on the license: _____

If this name is different from your original application, legal proof of name change must be submitted.

By signing below, you are verifying that the information provided for this application is true and correct to the best of your knowledge.

YOUR SIGNATURE: _____ Date _____

SCHOOL HOURS CERTIFICATION

If you are applying after graduation and before licensure, verification of hours and graduation will still come from that state board. If the state does not provide certification of earned hours, you may not be able to qualify for reciprocity through examination. **Arizona cannot provide a certification of education for you.** If you wish to qualify for examination in Arizona and have attended school in a state that does not certify hours, send your educational information to an independent evaluation service listed on the first page of this application.