

OFFICIAL USE ONLY

FEE RECEIVED

Arizona State Board of Cosmetology

1740 W. Adams St. Suite 4400, Phoenix, AZ 85007

Phone: (480) 784-4539 www.azboc.gov

DUPLICATE REQUEST FORM

Complete form and return with \$20.00 (per each request)

Check or money order (no cash)

(Fees are non refundable)

A COPY OF A GOVERNMENT ISSUED PHOTO ID IS REQUIRED WITH APPLICATION

**** PERSONAL DUPLICATE LICENSE REQUEST ****

NAME:	BIRTH DATE:
ADDRESS:	PERSONAL LICENSE NUMBER:
CITY, STATE, ZIP:	PHONE NUMBER:

******* I am requesting a personal duplicate license(s) for the following reason:**

LICENSE WAS STOLEN _____

LICENSE WAS LOST _____

WORK IN MORE THAN ONE SALON _____

MOBILE SERVICES _____

NAME AND ADDRESS OF SALONS: _____

******* I am requesting a Salon duplicate license(s) for the reason listed above:**

**** SALON DUPLICATE LICENSE REQUEST ****

SALON NAME:	DATE:
ADDRESS:	SALON LICENSE NUMBER:
CITY, STATE, ZIP:	PHONE NUMBER:

SOCIAL SECURITY #

SIGNATURE

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 at 480-784-4539.

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