

**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 \*\***

<b>NAME:</b>	<b>BIRTH DATE:</b>
<b>ADDRESS:</b>	<b>PERSONAL LICENSE NUMBER:</b>
<b>CITY, STATE, ZIP:</b>	<b>PHONE NUMBER:</b>

**\*\*\*\*\* 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 \*\***

<b>SALON NAME:</b>	<b>DATE:</b>
<b>ADDRESS:</b>	<b>SALON LICENSE NUMBER:</b>
<b>CITY, STATE, ZIP:</b>	<b>PHONE NUMBER:</b>

\_\_\_\_\_  
**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.

Revised 2018 S:\Compliance\Common\FORMS\duplicate request 2018