RECIPROCITY APPLICATION

- Only complete applications will be processed; a complete application includes all applicable supporting documents and fees. Incomplete applications will be considered withdrawn.
- 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 $110 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.
  3. A copy of your current license in another state or country (if applicable);
  4. Verification of status as set forth in (A) or (B) below; and
  5. An independent evaluation as explained below, if applicable;
  6. Two 2x2 passport photos.
  7. Infection Protection and Law class form.

(A) **License for license**: If you qualify, this may be the easier way to obtain a reciprocity 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 "permit to work" or "health certificate" (which may or may not be good for a lifetime) is not acceptable. Contact your governing board to obtain a certification of licensure and include it with your application. **DO NOT OPEN THE ENVELOPE.** (If they will not mail directly to you, have them send it here.)

National Interstate Council Examination: 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 applying for a cosmetology license and the license does not state "Cosmetology," a certification showing the curriculum (or an independent evaluation [see below]) is necessary; i.e., hairdressing must include nails and aesthetics in the course curriculum. Arizona does not have a dedicated "hairdressing" license.

or

(B) **Examination**: If your government does not "license" or if you attended school and did not license in a state or country that does not verify hours, you may still qualify for reciprocity by education and examination. Obtain verification of hours, curriculum studied, and graduation from a school with substantially similar requirements corresponding with Arizona law. The evaluation service will assess education received. (If your state does verify hours and graduation, obtain a certification, have it mailed to you, and include it with your application. **DO NOT OPEN THE ENVELOPE.**)

- If you qualify for examination, you will be contacted with further information and fees.
- If your license in another state is not current but a certification will be provided by the governing board, include it with your application. 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, and the state 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***; **or** an evaluation service listed below
(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 you;
(4) **Do not open the envelope;**
(5) **Include the evaluation with your application and fee for reciprocity and send to The Arizona State Board of Cosmetology;**

Educational Perspectives
P. O. Box 618056
Chicago, IL 60661-8056
Tel:312-421-9300 Fax:312-421-9353
www.edperspective.org

NOTE: **Your license will expire on your next birthday!** Your license may be active for only a short time.
Renewal must be postmarked on or before your ***next*** birthday. Renewal fee: $30

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.

**** INDIANA, SOUTH CAROLINA, AND WASHINGTON LICENSEES ONLY:

We have been informed by the above Boards of Cosmetology 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 Indiana, South Carolina or Rhode Island 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 if 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: _____

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.

RECIPROCITY APPLICATION

Arizona State Board of Cosmetology
1721 East BROADWAY, TEMPE ARIZONA 85282
Phone: 480-784-4539 Fax: 480-784-4962 www.azboc.gov

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

PERSONAL DATA – please print: The address listed below will be your address of record, and all correspondence will be sent to this address. It is your responsibility to notify the agency of an address change. Please note that the address is public information. You may use a business address or P.O. Box if you choose.

Name must be your legal name; names on all documents must match.

2

Place current photo here

2X2 PASSPORT PICTURE

1

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS

CITY STATE ZIP DATE OF BIRTH

MALE FEMALE SOCIAL SECURITY NUMBER HOME PHONE NUMBER EMAIL ADDRESS

3

Check type of license for which applied; you must pay by **cashier's check or money order only**. Personal checks are not accepted. **Fees are NOT refundable;** evaluate eligibility carefully. ***FEE: $110***

TYPE: ___Cosmetology ___Nail Technology ___Aesthetics ___Instructor

Use a separate application for each license.

*** All applicants are required to attend the Infection Protection and Law class given at the Board office. There is a $25.00 fee for the class. See instructions and attached form.

4

The state or country in which you are currently licensed is: _____

Have you had a previous license through Arizona Board of Cosmetology? _____YES _____NO

If YES; License Number_____ Name on license:_____

Education: Name of School attended:_____

City_____State_____ Phone number_____Year graduated_____

Has any cosmetology license under your name had disciplinary action taken against it? _____YES _____NO

Have you ever had a cosmetology license suspended or revoked? _____YES _____NO

If YES, give details: _____

_____

Have you taken a board exam in Arizona with the last five years? _____YES _____NO

If YES: When: _____ Which exam:_____ Name used at time:_____

Have you: _____Enclosed a money order $110.00

_____Completed all blanks

_____Enclosed an evaluation, if applicable (as explained in Instructions)

_____Enclosed proof of citizenship or alien status

_____Attached a copy of your current license

_____Enclosed certification from governing board

_____Infection Protection and Law Class form and fee ($25.00 money order for the class)

In signing below, you are certifying that information provided for this application is true and correct, you have read this form, and you know and understand the laws and rules of the Arizona Board of Cosmetology.

_____
SIGNATURE

Arizona State
Board of Cosmetology

1721 East Broadway • Tempe AZ 85282
Phone 480.784.4539 • Fax 480.784.4962
www.azboc.gov

Per A.R.S. 41-1080 effective October 1, 2008 all sole owner license applications shall provide proof that their presence in the United States is authorized under Federal law by presenting one of the following:

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 issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport.
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.

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 12 does not contain a photograph of the individual, the individual shall also presend 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 STATEMENT OF CITIZENSHIP AND 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 licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete the Sections below. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____ DATE_____

TYPE OF APPLICATION (check one) ___ INITIAL APPLICATION ___ RENEWAL

TYPE OF LICENSE _____

CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: _____

A. Are you a citizen or national of the United States? (check one) ___ Yes ___ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.
City _____ State (or equivalent) _____ Country or Territory _____

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and 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 I have given are true and correct to the best of my knowledge.

_____ _____

APPLICANT'S SIGNATURE TODAY'S DATE

ARIZONA STATE BOARD OF COSMETOLOGY

1721 E Broadway Tempe AZ 85282
Phone: (480) 784-4539 Fax: (480) 784-4962
www.azboc.gov

LAW/IFP SIGN UP

_____ _____
NAME **PHONE NO.**

_____ _____
ADDRESS **PERSONAL LICENSE NO. (8 DIGITS)**

_____ _____
CITY STATE ZIP **SOCIAL SECURITY NUMBER**

**If your name has changed, please include documentation showing change such as marriage license, divorce decree, etc.

Please check the reason below for taking the classes:

BOARD ORDER _____ GENERAL INTEREST ____ LICENSE REACTIVATION _____

RECIPROCITY _____

The Infection Protection class begins at 9:00 AM, and the Law Review begins immediately following the Infection Protection class. To reactivate an inactive license or if you are a Reciprocity applicant you must take both the Infection Protection Class and the Law Review Class.

REGISTRATION AND PAYMENT MUST IN THE BOARD OFFICE AT LEAST 15 DAYS PRIOR TO THE DATE OF THE CLASS, OR YOU WILL HAVE TO REGISTER FOR THE NEXT CLASS.
YOU WILL BE SCHEDULED BASED ON AVAILABILITY. ALL FEES ARE NON-REFUNDABLE AND MUST BE PAID BY MONEY ORDER.
YOU WILL BE SCHEDULED FOR THE CLASS THAT YOU HAVE CIRCLED AND WILL YOU NOT RECEIVE A CONFIRMATION.

LICENSE REACTIVATION ONLY

Law class fee $__25.00__

Delinquent fee(s) $_____

Total $_____

CLASS DATES AVAILABLE *(Circle One)*

2013	2013
NOV 4	NOV 18
DEC 9	DEC 16

2014	2014	2014
JAN 6	JAN 27	-----
FEB 10	FEB 24	-----
MAR 3	MAR 17	MAR 31
APR 14	APR 28	-----
MAY 5	MAY 19	-----
JUNE 2	JUNE 16	JUNE 30
JULY 7	JULY 21	
AUGUST 4	AUGUST 18	

REMINDER: Bring a valid picture ID. Be On Time. If the doors are closed, you will have to reschedule and pay the fee of $25.00 again. PARKING AND ENTERANCE TO THE CLASS ARE LOCATED AT THE BACK OF THE BUILDING.

***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. 480-784-4539 ext 240