

**STATE OF WISCONSIN
DEPARTMENT OF REGULATION AND LICENSING
BARBERING AND COSMETOLOGY EXAMINING BOARD**

LICENSE APPLICATION

Please type or print in ink

Aesthetician <input type="checkbox"/> Electrologist <input type="checkbox"/> Manager <input type="checkbox"/> Manicurist <input type="checkbox"/> Practitioner <input type="checkbox"/> Instructor <input type="checkbox"/>	_____ / _____ / _____ Exam Date 1 st Choice	_____ / _____ / _____ Exam Date 2 nd Choice	Fee: \$ _____ _____ Certified Check or Money Order <input type="checkbox"/> Temporary Permit Requested Only Practitioner / Manicurist / Aesthetician / Electrology
	_____ Exam Location	_____ Exam Location	

Social Security Number: _____ - _____ - _____

Name: _____
 Last First Initial

Mailing Address: _____
 Street Number and Name or P.O. Box

 City State or Country Zip Code

Maiden or former surname(s) (IF Any): _____

Daytime telephone where you may be reached: (_____) _____ - _____

Date of Birth: _____ / _____ / _____
 Month Day Year

School _____ Name _____ City	School Code _____ (See instructions) Apprentice indicate 00029	Graduation/Completion Date _____/_____/_____ Month Day Year
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Have you ever taken this examination in Wisconsin? Yes No

If you have a professional license number from Wisconsin list the license type and number below:

How do you describe yourself? (Optional) (See page 2 of Candidate Guide)	Modification/Language Option
1. White, not of Hispanic Origin <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Black, not of Hispanic Origin <input type="checkbox"/> 2. Female <input type="checkbox"/> 3. Hispanic <input type="checkbox"/> 4. American Indian or Alaskan <input type="checkbox"/> 5. Asian or Pacific Islander <input type="checkbox"/> 6. Other <input type="checkbox"/> 7. I prefer not to respond <input type="checkbox"/>	Special arrangement for ADA Candidates <input type="checkbox"/> Translator Requested <input type="checkbox"/>

PERSONALLY IDENTIFIABLE INFORMATION:
 Check if you do not want your name and address disclosed on any list of 10 or more individuals furnished to another person by Prometric.

For Office Use Only

Mail completed form with fee(s) to:

Prometric
ATTN: WICOS
1260 Energy Lane
St. Paul, MN 55108

Wisconsin Department of Regulation & Licensing

STATEMENT OF ARREST OR CONVICTION**YES NO**

- A. Have you ever been convicted of a misdemeanor or a felony, or are criminal charges current pending against you? If yes, attach form #2252.
- B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.
- C. Has any licensing or credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.
- D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.
- E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.
- F. Do you currently hold or have you in the past, held any credential (license) issued by the Department of Regulation and Licensing or any of the Boards?

If yes, what type of credential _____

If in another name, what name _____

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322 and 111.335, Stats., the applicant presents evidence satisfactory to the examining board that the applicant has not been convicted of a felony committed while engaged in the practice of barbering or cosmetology.

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.**ALL APPLICANTS MUST COMPLETE THIS SECTION****AFFIDAVIT OF APPLICANT**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant_____
Date