

## State of Louisiana

## LOUISIANA BOARD OF COSMETOLOGY

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## REQUEST FOR CERTIFICATION OF LOUISIANA LICENSURE (AFFIDAVIT)

NAME/ADDRESS	Current Address Only
PHONE #	
SOCIAL SECURITY #	
LICENSE TYPE	
NAME YOU WERE INITIALLY LICENSED UNDER	
YEAR OF INITIAL LICENSE	
LICENSE EXPIRATION DATE	
SCHOOL ATTENDED & ADDRESS	
WHERE TO MAIL AFFIDAVIT	State That Needs The Certification OR Specific Address To Mail The Certification
(STATE/HOME)	

PLEASE SEND WITH A CURRENT DRIVER'S LICENSE OR ID