



REQUEST FOR DUPLICATE LICENSE NON-REFUNDABLE \$10.00 FEE

SECTION A: LICENSEE INFORMATION (Incomplete forms will not be processed)

License Type <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Electrologist <input type="checkbox"/> Manicurist <input type="checkbox"/> Esthetician <input type="checkbox"/> Establishment	License Number Letter(s) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> Numbers <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div>
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Last 4 digits of your Social Security Number <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 2px;"></div> </div> <p style="text-align: center; font-size: small;">Not required for establishments</p>	Date of Birth <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="font-size: 10px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="font-size: 10px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div> <p style="text-align: center; font-size: small;">Month Day Year Not required for establishments</p>
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Last Name	First Name	Middle Name
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Salon Name (if applicable) _____

If your address has changed do you want the Board to update our records with your current address? Yes No

Current Address	City	State	Zip Code
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Phone Number ()	Email Address (not required)
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SECTION B: REPLACEMENT INFORMATION

I hereby request a replacement license because:

My license was lost, stolen or destroyed.

My license has been mutilated to such an extent that it is no longer useable.

I did not receive my renewal license in the mail.

Explanation of circumstances: _____

SECTION C: LICENSEE CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Applicant	Date
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