



STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS

500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
(615) 741-2515 Fax: (615) 741-1310

Website: <http://www.tn.gov/commerce/boards/cosmo/>

INSTRUCTIONS: PLEASE READ PRIOR TO COMPLETION OF APPLICATION

This application should be completed for ONLY by the following applicants:

- Reinstatement of Tennessee Cosmetology Licensure expired for three (3) or more years; or
- Students who completed education in an out of state school, college or university, but have never tested and/or have never been issued licensure.

1. Applicant Information:

- Check type of application Original or Reinstatement
- Check Applicable Category/Type of Licensure being sought
- Complete all information requested under Applicant Information and provide the following required documentation:
 1. Copy of certified High School transcript, or GED;
 2. Copy of Driver's License or birth certificate; and
 3. Copy of Social Security card.
 4. If you are upgrading to an instructor license, you must mail back your existing license.
- **NOTICE: If you do not provide an email address:**
 - The Board office will correspond with you via regular mail.
 - PSI, the testing vendor for Tennessee, will also communicate with you via regular mail.
 - Please allow additional mail time for documents to reach you and to schedule your test.
 - **Please Note:** email improves licensing time and allows you to test 7 to 14 days faster.

2. Educational Information:

- Complete all boxes listed under Educational Information
- **PLEASE NOTE: If Cosmetology hours were completed in another State:**
 - I. Certification from that State must be sent directly to the Tennessee Board office addressed as follows:
State Board of Cosmetology and Barber Examiners, 500 James Robertson Parkway, Nashville, TN 37243; or
 - II. Certified Transcript of educational from school is acceptable as substitute if state Board does not certify hours.

3. Questions:

- Answer Yes or No to Questions 1-5 and provide additional information if necessary.
- **PLEASE NOTE: If answering Yes to questions 3 or 4, include with your application the following documents:**
 1. Letter of recommendation from school administrator or instructor.
 2. Cover sheet explaining each offense, date of offense, place, charge and action taken.
 3. If disciplinary action was previously taken, submit letter explaining relevant details.

4. Mail the completed application with all required documentation to:

State Board of Cosmetology and Barber Examiners
500 James Robertson Parkway
Nashville, TN 37243

IMPORTANT NOTICE: please look for email or correspondence letting you know your application has been approved and you can schedule your exam at: <https://candidate.psiexams.com/index.jsp>

KEEP THIS SHEET WITH YOUR FILE FOR FUTURE REFERENCE – DO NOT SEND WITH APPLICATION.

- Original Application Form - All blanks must be completed with the appropriate information for processing.
- Sign and Date the Application – make a copy for your files before sending to the Board Office.
- Include all the necessary documents to support your application.



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APPLICATION FOR LICENSE

Type of License: Original Tennessee License Reinstatement of Tennessee License

(Check Applicable Category of Licensure)

<input type="checkbox"/> COSMETOLOGIST	<input type="checkbox"/> AESTHETICIAN	<input type="checkbox"/> MANICURIST
<input type="checkbox"/> NATURAL HAIR STYLIST	<input type="checkbox"/> COSMETOLOGIST/AESTHETICIAN	<input type="checkbox"/> SHAMPOO TECH
<input type="checkbox"/> SHAMPOO TECH/MANICURIST	<input type="checkbox"/> INSTRUCTOR COSMETOLOGIST	<input type="checkbox"/> INSTRUCTOR COSMO/AESTHETICIAN
<input type="checkbox"/> INSTRUCTOR AESTHETICIAN	<input type="checkbox"/> INSTRUCTOR MANICURIST	<input type="checkbox"/> INSTRUCTOR NATURAL HAIR STYLIST

1. Applicant Information:

Social Security Number:

Name: _____
Last (Maiden/Other) First Middle

Email _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: ____/____/____ Age _____ (attach proof of age)

2. Educational Information:

Name of High School Attended _____ Highest Grade Completed _____

High School Address _____ G.E.D. Test Score _____

Name of Cosmetology School attended for largest percent of hours _____

Address _____ Phone _____

Name of other Cosmetology School attended _____

3. Questions:

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER TAKEN OR APPLIED FOR THIS EXAMINATION IN TN BEFORE? If yes, when? _____
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER HELD A COSMETOLOGIST, MANICURIST, SHAMPOO TECH, NATURAL HAIR STYLIST, OR INSTRUCTORS LICENSE IN TENNESSEE OR IN ANY OTHER STATE? If yes, list the State and License Number? State: _____ License Number: _____
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN AGAINST YOU BY ANY STATE BOARD OF COSMETOLOGY? (If yes, see instructions)
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST THREE (3) YEARS OR ANY MISDEMEANOR INVOLVING MORAL TURPITUDE WITHIN ONE (1) YEAR? (If yes, see instructions)
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A UNITED STATES CITIZEN?
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE A GREEN CARD/PASSPORT

I hereby submit my application for license in the State of Tennessee under the Cosmetology Laws outlined in Tennessee Code Annotated Title 62, Chapter 4 and certify that the information and documentation provided as a part of this application is true and correct. I am aware it is unlawful for me to practice cosmetology services until I take and pass the required examination.

Applicant Signature: _____ Date: _____