

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

## STATE OF DELAWARE BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: <u>DPR.DELAWARE.GOV</u> EMAIL: <u>customerservice.dpr@delaware.gov</u>

## **VERIFICATION OF LICENSURE FOR RECIPROCITY APPLICATIONS**

ENTER YOUR APPLICATION ID:			
Na	Name: First Middle	Last/Family	
Wł	Where License Issued: License Number:		
LIC	LICENSE VERIFICATION – This section is to be completed by the Licensing A	gency.	
1.	The person named above has been issued a licensed to practice as a(n):		
	☐ Cosmetologist ☐ Master Barber ☐ Barber ☐ Nail Technician ☐ Aes	thetician	
	License No: Issue Date: Expiration Date:	Status:	
	If you checked Master Barber or Barber, is the licensee allowed to perform chemical	al processing? Yes 🗌 No 🗌	
	Licensure Basis: Examination Reciprocity Other:	Total Hours:	
2.	2. The person named above has been issued a licensed to practice as a(n):		
	☐ Cosmetologist Instructor ☐ Barber Instructor ☐ Nail Technic ☐ Aesthetician Instructor ☐ Electrologist Instructor	cian Instructor	
	License No: Issue Date: Expiration Date:	Status:	
	Licensure Basis:   Examination Reciprocity Other:	Total Hours:	
3.	<ol> <li>Is the license(s) above in good standing with no history of disciplinary action, past of enclose copies of relevant documentation of past/pending disciplinary action</li> </ol>		
Signature of Agency Representative:		Date:	
Titl	Title: State of:		
		SEAL	

Mail completed form directly to the Delaware Board of Cosmetology/Barbering at the address above.