



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF COSMETOLOGY

VERIFICATION OF LICENSURE

Applicant's Name

_____-_____-_____
Social Security Number

Address

_____/_____/_____
Date of Birth

The applicant identified above claims to be the holder of a license in your State and has applied for a license to practice as a Cosmetologist in Washington, D.C. We request that you verify the registration, provide the following information, and return the form to Pearson VUE on behalf of the District of Columbia Board of Cosmetology.

Full Name of State Board: _____

Type of License Issued: _____ Date Issued: _____

Applicant is currently registered and in good standing: Yes [] No []

Registration Number

_____/_____/_____
License Expiration Date

Certificate or license issued by: Reciprocity [] Examination [] Other []

If the applicant was licensed as a MANAGER by examination, please state the basis of qualification:

Did the applicant pass comprehensive written and practical examinations administered in the English language without the aid or assistance of interpreters or any other translating means? Yes [] No [] If No, please explain:

Name of School

Location

Period of Attendance

Total Hours

I HEREBY CERTIFY that the above is a correct and true statement of the training and licensure of the above named individual as filed in this office.

Signature of Authorized Official

Print Name and Title

(SEAL)

_____/_____/_____
Date

Return the completed form to:
Pearson VUE
Dept. DC-Cosmetology
Metro-Plex I, Suite 250
8401 Corporate Drive
Landover, MD 20785