



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 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 Cosmetology Board.

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 II, Suite 400
8201 Corporate Drive
Landover, MD 20785