

For Office Use Only Date: _____ Remittance Number: _____ By: _____

GEORGIA STATE BOARD OF COSMETOLOGY
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
TELEPHONE NUMBER: 478-207-1430
FAX NUMBER: 478-207-1442
WWW.SOS.STATE.GA.US

APPLICATION FOR RE-INSTATEMENT

Please complete this application and return it with the appropriate fee. Incomplete applications will be returned. The payment of the fee may be made either by check or money order payable to the Georgia State Board of Cosmetology. **DO NOT SEND CASH OR COUNTER CHECKS!** Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. §16-9-20. All fees are non-refundable.

NAME: _____
LAST
FIRST
MIDDLE

PHYSICAL ADDRESS: _____
NUMBER & STREET (P. O. Box is not acceptable)
APT. NO.

CITY
STATE
ZIP CODE

TELEPHONE NUMBER: (H) () _____ - _____ (W) () _____ - _____

MAILING ADDRESS (if different): _____
(If you are granted a license, your name, mailing address and license number become public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices, and application processing.)

CITY
STATE
ZIP CODE

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____ / ____ / _____

License Number _____ **(Attach copy of license) Fee Submitted** _____

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violation) or entered a plea of guilty, nolo contendere or under "First Offender Act," or been sanctioned by another board or agency? DUI and DWI are not minor traffic violations.

_____ Yes _____ No **This application will be returned if you do not answer this question.**

- If you answered "Yes" to the question regarding court convictions, you must submit to the Board the following: a) a copy of conviction/sentencing document (s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole. **Your application will not be processed until this information is received and reviewed by the Board.**
- If you answered "yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. **Your application will not be processed until this information is received and reviewed by the Board.**

_____ Please check here if you answered yes to the question above and have already submitted the documentation to the Board within the pass two years.

Reinstatement after January 1, 2003. If audited, the licensee shall submit written proof from the CE provider of attendance and /or completion of each CE course submitted for credit. The licensee during the first license renewal period shall not be required to meet CE requirements.

- 1) Three (3) hours of the total five (5) hours must be satisfied by a course in health and safety developed by the Department of Technical and Adult Education (DTAE) in the areas of: bloodborne pathogens; decontamination and infection control; or skin disease disorders. A board-registered provider, any technical college, colleges and universities, health departments and the American Red Cross must provide the course(s).
- 2) Two (2) hours of the total five (5) hours must be in a course previously registered with the Board in any of the following areas: industry or trade show, health and safety, industry trends, computer skills, business management, or the licensee's area of practice.

- Since March 31, 2000, have you obtained the required number of Continuing Education (CE) hours as specified in the Board Rule 130-2.12?

_____ Yes _____ No

- If you answered no to the above CE question are you exempt?

_____ Yes _____ No

If you checked yes to the CE exemption question please circle your exemption below (please attach supporting documentation);

_____ 1) Licensed for 25 years or more (Please attach verification of licensure in other states)

_____ 2) Age 65 or older (Please attach a copy of your driver's license, birth certificate or passport)

_____ 3) Disability (Please attach a physician's statement or copy of a social security disability award letter)

_____ 4) Illness (Please attach a statement from your treating Physician that states your illness)

_____ 5) other circumstances (Please include a description of your hardship and attach supporting documentation)

In order to reinstate a license after expiration, the applicant shall pay all fees required by the law or rule, including reinstatement fee, and shall submit documentation of completion of all CE hours required since the date of expiration. A license shall be issued upon requirements of the rules and O.C.G.A. §§ 43-10-9 and 43-10-10.

AFFIDAVIT AND NOTARIZATION

I certify to the truth and accuracy of all statements made on this application form. I hereby swear or affirm that the facts supporting my CE exemption or verification is true and accurate. I also, acknowledge granting of a hardship exemption is determined by the Board on a case-by-case basis in accordance with applicable rules.

Printed Name of Applicant

Applicants Signature

Sworn to and Subscribed before me on this _____ day of _____, 20__.

Notary Signature

NOTARY SEAL

My commission expires on ____/____/____

Revised 05-26-04

THE GEORGIA STATE COSMETOLOGY BOARD
Reinstatement Fees Effective 02-01-04

Master License	\$50
Late Renewal (within 6 months) 3/31 thru 9/30, even year	\$100
Reinstatement (after 6 months up to 2 years) after 9/30	\$200
Reinstatement (2 years or more after 3/31 renewal)	\$300 Board Review
Esthetician/Nail Technician	\$45
Late Renewal (within 6 months) 8/31 thru 2/28, odd year	\$90
Reinstatement (after 6 months – 2 years) after 2/28	\$185
Reinstatement (2 years or more after 8/31 renewal)	\$250 and Review by the Board
Salon/Shop	\$75
Late Renewal (within 6 months after 6/30 thru 12/31, odd year)	\$200
Reinstatement (after 6 months – 2 years) after 12/31	\$300 Board Review
Reinstatement (2 years or more after 6/30 renewal)	Board Review and fee approval
School	\$ 300
Late Renewal (within 6 months) 6/30 thru 12/31, odd year	\$600
Reinstatement (after 6 months) after 12/31	\$1000 Board Review
Instructor License (all)	\$75
Late Renewal (within 6 months)	\$150
Reinstatement (after 6 months – 2 years)	\$250 Board Review and Retake Examination
Reinstatement (after 2 years)	\$300 Board Review and Retake Examination

Revised 2-2-04