BCS/LCS-015 (04/11)

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
BOARD OF COSMETOLOGY
P.O. Box 30244, Lansing, MI 48909
517-241-8720
www.michigan.gov/cosmetology

COSMETOLOGY CERTIFICATION REQUEST

AUTHORITY: P.A. 152 of 1979, as amended
COMPLETION: Mandatory
PENALTY: None

APPLICANT INFORMATION - Print legibly in black ink or type responses.

Applicant's Name (Last, First, Middle) OR Shop or School Name		License Number: (If applicable) **27-**		
Address (Number and Street)		City	State	Zip Code
Telephone Number	Social Security Number:	Date of Birth:	E-Mail Address	
Name and Address to Mail Certification to:		Please list the name of the state you are moving to:	If requesting the **Michigan** examination, please indicate here for exam application. ☐ Yes	

MICHIGAN COSMETOLOGY SCHOOL HOURS (if applicable) - This section must be fully completed if requesting a certification of your school hours.

Name of Cosmetology School			School License Number	
School Address (Number and Street)		City	State	Zip Code
Your Name If Different When Attending School	Approx Number of Hours	Date You Started School (month/year)	Date Last Attended At School (month/year)	

MICHIGAN APPRENTICESHIP HOURS (if applicable) - This section must be fully completed if requesting a certification of your apprenticeship hours.

Name of Licensed Establishment		Establishment License Number	Your Permit Number	
Establishment Address (Number and Street)		City	State	Zip Code
Type of Apprenticeship	Practitioner Name	Dates of Apprenticeship Started: _____ Completed: _____		

This section must be fully completed if an ESTABLISHMENT or SCHOOL is requesting a certification of their own business.

FOR ESTABLISHMENT:		FOR SCHOOL:	
Certification of Business Owner(s)	☐ Yes ☐ No	Certification of Business Owner(s)	☐ Yes ☐ No
Certification of Open & Closing Dates	☐ Yes ☐ No	Certification of Open & Closing Dates	☐ Yes ☐ No
Certification Other:		Certification Other:	

FEE PAYMENT INFORMATION - PLEASE CHECK ONE

☐ Cosmetology Hours or License	Fee: $15.00	2701-51
☐ Instructor _____ (Fill in Type) Hours or License	Fee: $15.00	2701-51
☐ Natural Hair Culturist Hours or License	Fee: $15.00	2702-51
☐ Manicurist Hours or License	Fee: $15.00	2703-51
☐ Electrologist Hours or License	Fee: $15.00	2704-51
☐ Esthetician Hours or License	Fee: $15.00	2705-51
☐ Establishment License	Fee: $15.00	2706-51
☐ School License	Fee: $15.00	2707-51

FEES NON-REFUNDABLE

Make your check or money order in U.S. Currency payable to:

STATE OF MICHIGAN

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.

FOR OFFICE USE ONLY - VALIDATION

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