



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 New Jersey State Board of Cosmetology and Hairstyling
 124 Halsey Street, 6th floor, P.O. Box 45003
 Newark, New Jersey 07101
 (973) 504-6400



Verification of State License Request Form

All originals are sent directly to the receiving state.

Please print clearly or type. You may duplicate this form if necessary.

Date of birth: _____

Date : _____

A nonrefundable fee of \$25.00 in the form of a check or money order made out to the State of New Jersey, must be submitted with this form. (Licensees should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the verification process will be delayed until the fee is paid.)

Name _____
Last name First name Middle initial

License No. 32W _____ Date issued _____ Expiration date _____

Address _____
Street or P.O. Box City State ZIP code

Telephone No. _____ (include area code)

School of Cosmetology attended _____

State to receive Verification of State License _____

State Board to receive Verification of State License _____

Comments

I certify that the statements contained herein are true based upon official records that I reviewed.

Print name

Signature

Date