

**ARIZONA STATE BOARD OF COSMETOLOGY**

1721 E. BROADWAY TEMPE AZ 85282

(480) 784-4539 FAX: (480) 784-4962

www.azboc.gov

PLACE  
PASSPORT  
PHOTO  
HERE

**APPLICATION FOR EXAMINATION**

**OR PRE-SCREENING REVIEW**

INCOMPLETE APPLICATION WILL BE RETURNED CAUSING A DELAY IN EXAMS

\_\_\_ Aesthetics \_\_\_ Cosmetology \_\_\_ Nail Technology \_\_\_ Instructor \_\_\_ C \_\_\_ N \_\_\_ A

**DO NOT INCLUDE FEE - SEE INSTRUCTIONS FOR SETTING UP YOUR TEST DATE**

<b>PERSONAL DATA (Full Legal Name)</b>		Social Security # _____ \ _____ \ _____	
_____	_____	___ Female ___ Male	_____ \ _____ \ _____
Last Name	First Name		BIRTHDATE
_____		(_____)	_____
Address		Area Code - PHONE #	
_____	_____	_____	_____
City	State	Zip Code	STUDENT ID # _____
<b>TYPE OF EDUCATION: (<u>Pre-Screen only</u>)</b> ___ HS Diploma ___ HS Transcript ___ GED ___ Proof of Age			
<b><u>ARIZONA INFORMATION</u></b>			
Have you ever been licensed in Arizona? ___ Yes ___ No		Have you ever failed an AZ exam? ___ Yes ___ No	
_____ / _____	Area failed: ___ Written ___ Practical		
License #	Expiration date		
<b>COSMETOLOGY SCHOOL TRAINING: (<u>Pre-Screen Only</u>)</b>			
_____			
Name of school attended			
_____	_____	_____	_____
Address	City	State	Zip Code
_____ Number of hours attended From: _____ to _____ (MMDD\YY)			
HAVE YOU GRADUATED: ___ Yes ___ No (more than one school must be listed on a separate Exam application)			
ANTICIPATED GRADUATION DATE _____ ** FOR PRE-SCREENING: YOUR EXAM WILL BE SCHEDULED AFTER THE ANTICIPATED GRADUATION DATE. IF GRADUATION IS NOT COMPLETED IN TIME TO TAKE THE SCHEDULED EXAM; EXAM FEE WILL BE FORFITED.			
<b>*** ALL TRAINING ABOVE MUST MATCH WITH PROOF OF HOURS FORM THAT IS TO BE SUBMITTED</b>			
___ Yes ___ No Have you taken a National Exam within the past year? If so, what state: _____			
Date last taken: _____			
<b><u>INSTRUCTORS USE ONLY</u></b>			
_____ Provide proof of 5 years of licensed industry experience within the ten years preceding this application.			

**APPLICANTS SIGNATURE:**

If you have a disability and require reasonable accommodations to participate in our services, contact the ADA Coordinator at (480) 784-4539 at the Board office. The FAX # is (480) 784-6962  
word/shared/common/exams/exam app pre-screen 2010

## INSTRUCTIONS FOR SETTING UP TEST DATE RE-ACTIVATION OF LICENSE THROUGH EXAMINATION

1. COMPLETE THE APPLICATION FOR EXAMINATION. PLEASE INCLUDE PASSPORT PICTURES, LICENSE NUMBER AND EXPIRATION DATE, AND SIGNATURE. MAIL COMPLETED APPLICATION TO: ARIZONA STATE BOARD OF COSMETOLOGY  
1721 E BROADWAY  
TEMPE, AZ 85282
2. REGISTER ON-LINE WITH PCS (PROFESSIONAL CREDENTIALS SERVICES) TO TAKE THE EXAMINATION. YOU WILL REGISTER AT THIS WEBSITE: [PCSHQ.COM](http://PCSHQ.COM) AND PAY \$185.00 TO PCS, BY CREDIT CARD FOR THE EXAMINATIONS AND LICENSE.
3. ONCE WE RECEIVE A COMPLETED APPLICATION WE WILL NOTIFY PCS THAT YOU QUALIFY TO TAKE THE EXAM. PCS WILL NOTIFY YOU BY EMAIL OF YOUR PRACTICAL EXAMINATION DATE AND GIVE INSTRUCTIONS ON SCHEDULING THE WRITTEN EXAM. (YOU WILL NOT BE NOTIFIED BY THE BOARD OF COSMETOLOGY OF ANY EXAMINATION DATE)
4. IF YOU DO NOT QUALIFY FOR THE EXAMINATION OR MORE INFORMATION IS REQUIRED, THE BOARD OF COSMETOLOGY WILL NOTIFY YOU BY MAIL.
5. IF YOU HAVE QUESTIONS, PLEASE CONTACT  
PAM HRANAC, SUPERVISOR OF EXAMINATIONS, AT: 480-784-4539 EXT 240