



Arizona State
Board of Cosmetology

Sue Sansom, Executive Director

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LAW/IFP SIGN UP

Personal information:		
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Personal License #: (8 Digits)	
	Social Security #: (This is required)	
	Birthdate: / /	Phone #: ()

**** If your name has changed, please include documentation showing change such as marriage license, divorce decree, etc.**

Reason for taking class: (check one below)		
Board Order:	General Interest:	License Reactivation:

Sign me up for: (check what class(es) to attend)	
<i>If, you are reactivating an inactive license you must attend both classes</i>	

<input type="checkbox"/>	Please register me for the Infection Protection Class (FREE)
<input type="checkbox"/>	Please register me for the Law Review Class (Enclose \$25.00 money order or cashier's check)

<p>REGISTRATION AND PAYMENT MUST BE RECEIVED IN OUR OFFICE AT LEAST 10 DAYS <u>PRECEDING THE CLASS, YOU WILL BE SCHEDULED BASED ON AVAILABILITY.</u> ALL FEES ARE <u>NON- REFUNDABLE</u> AND MUST BE PAID BY MONEY ORDER.</p>	<p><u>CLASS DATES AVAILABLE:</u> <u>CIRCLE THE ONE YOU WOULD LIKE TO ATTEND</u></p> <p><u>2009</u> OCT 19 NOV 23 DEC 14</p> <p><u>2010</u> JAN 25 FEB 22 MAR 22 APRIL 19 MAY 24 JUNE 21 JULY 19 AUG 23 SEPT 20 OCT 18 NOV 22 DEC 13</p>
<u>LICENSE REACTIVATION ONLY:</u>	
Law class fee: \$ _____	
Delinquent fee(s) \$ _____	
Total \$ _____	

IMPORTANT INFORMATION:
<ul style="list-style-type: none"> • The Infection Protection class begins promptly at 9:00 A.M. and the Law Review class immediately following the Infection Protection class. • Bring a valid picture ID, be on time, DRIVE TO AND PART AT THE REAR OF BUILDING. • If you have a disability and require reasonable accommodations to participate in our services including receiving this information in an alternative format, contact the ADA Coordinator.