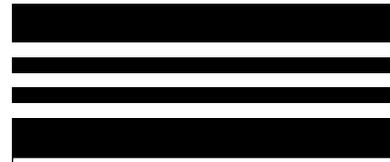




WASHINGTON STATE DEPARTMENT OF
LICENSING

**Cosmetology, Hair Design, Barber,
Manicurist, Esthetician,
Master Esthetician, Instructor,
Salon/Shop, Personal Services,
Mobile Unit, or Postsecondary School
Duplicate License Request**



You can use this form to request a duplicate license. If you are unsure of your license status, call (360) 664-6626. Send this completed form and your check or money order, payable to Department of Licensing, to:

**Department of Licensing
PO Box 3856
Seattle, WA 98124-3856**



Check license type:

- Operator—\$15 per duplicate**
Barber, Cosmetologist, Esthetician, Hair Design, Master Esthetician, Manicurist
- Instructor/Operator—\$15 per duplicate**
Barber, Cosmetologist, Esthetician, Hair Design, Master Esthetician, Manicurist
- Salon shop/Personal service/Mobile unit—\$15 per duplicate**
- Postsecondary school—\$15 per duplicate**

Number of duplicates requested = _____ (x \$15 each)

Name <i>(Last, First, Middle)</i>		
(Area code) Phone number	License number	Social Security number required*
Mailing address		
City	State	ZIP code

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it may result in denial of your application.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place

X
Signature