

Wyoming Board of Cosmetology

2515 Warren Avenue, Suite 302
Cheyenne, WY 82002
307-777-3534 FAX 307-777-3681

Request for Certification of License

NAME _____ (_____)
FIRST LAST LIST ALL PREVIOUS NAMES

HOME MAILING ADDRESS CITY STATE ZIP

PHONE _____ BIRTH DATE: ____-____-____ LICENSE NUMBER _____

SEND CERTIFICATION OF LICENSURE TO _____

SIGNATURE OF LICENSEE _____

➤ The fee for Certification of licensure is \$25.00.

For Board Use Only: Date Processed: _____
Amount Processed: _____
Authorization Code: _____

A processing fee of \$4.00 will be charged for credit card use.
➤ If a Credit Card is used the total for the Certification would be \$29.00
(This information will be shredded after processing)

Indicate card using: Card Number _____ CVVC Code _____ (on back of card)
[] VISA Expiration Date _____ Phone # () _____
[] MASTERCARD Name on Card _____
[] DISCOVER Billing Address _____
Signature _____