

# Wyoming Board of Cosmetology

2515 Warren Avenue, Suite 302

Cheyenne, WY 82002

Phone: (307) 777-3534 Fax: (307) 777-3681

## Request for Certification of License

\$25.00

NAME

\_\_\_\_\_  
FIRST LAST ( LIST ALL PREVIOUS NAMES )

\_\_\_\_\_  
HOME MAILING ADDRESS CITY STATE ZIP

TELEPHONE # \_\_\_\_\_ BIRTH DATE: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ LICENSE NUMBER \_\_\_\_\_

SEND CERTIFICATION OF LICENSURE TO: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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The following information will be shredded after processed.

**There is an additional charge of \$4.00 for all credit card payments.**

CREDIT CARD TYPE [ ] VISA [ ] MASTERCARD [ ] DISCOVER

CREDIT CARD NUMBER: \_\_\_\_\_

CVC: \_\_\_\_\_ (3 digit # on the back of the card) EXPIRATION DATE: MO \_\_\_\_\_ YR \_\_\_\_\_

NAME AS IT APPEARS ON THE CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_