

Wyoming Board of Cosmetology

2515 Warren Avenue, Suite 302, Cheyenne, WY 82002

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

RENEWAL FORM FOR PERSONAL LICENSES OR INDEPENDENT CONTRACTOR LICENSE

Online Renewals available at <http://cosmetology.wy.gov>

RENEWAL FEE: \$96.00 FOR PERSONAL LICENSE (2 YEARS) AND \$75.00 FOR INDEPENDENT CONTRACTOR LICENSE (1 YEAR)

NAME _____ (_____)
FIRST LAST LIST ALL PREVIOUS NAMES

HOME MAILING ADDRESS CITY STATE ZIP

BIRTH DATE: _____ - _____ - _____ LAST 4 DIGITS OF SOCIAL SECURITY # _____
(REQUIRED FOR RENEWAL SYSTEM) (FOR LICENSE VERIFICATION ONLY)

PHONE _____ Email _____

RENEWAL IS FOR: PERSONAL LICENSES _____ INDEPENDENT CONTRACTORS LICENSE _____

FOR INDEPENDENT CONTRACTORS RENEWAL STATE CURRENT SALON WORKING IN _____
(Include late fees, if applicable, for Independent Contractor's license when renewing after 8/31)

We receive requests for mailing lists from industry members who have a desire to mail information of interest to licensees; may we include your name?
Yes () No ()

Since your last renewal or within the past two (2) years:

1. Has any state(s) rejected your application or disciplined, restricted, revoked or suspended your license? Yes _____ No _____
2. Have you ever voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? Yes _____ No _____
3. Have you ever been convicted of any felony? Yes _____ No _____
4. Do you now use, or within the last five (5) years have you used alcoholic beverages habitually to excess? Yes _____ No _____
5. Do you now use, or within the last five (5) years have you used hallucinogenics, barbiturates, narcotics or any controlled substance habitually to excess? Yes _____ No _____

Signature of Licensee _____

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For Board Use Only:

Date Processed: _____

Amount Processed: _____

Authorization Code: _____

The following information will be shredded after processed.

A processing fee of \$4.00 will be charged for credit card use.

Indicate card using: Card Number _____ CVVC Code _____ (on back of card)
[] VISA Expiration Date _____ Phone # (307) _____
[] MASTERCARD Name on Card _____
[] DISCOVER Billing Address _____

Signature _____