Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 241-9288
www.michigan.gov/bpl
BPLHelp@michigan.gov

RECIPROCAL COSMETOLOGY LICENSE APPLICATION

(This application applies to individuals licensed or educated in another state.)

Authority: 1980 PA 299, MCL 338.3434a, and 42 USC 654

Applicant's First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth (MM/DD/YYYY)	License Number
Street Address		
City	State	Zip Code / Country
Telephone Number with Area Code	Email Address	

I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgement of guilt in a criminal proceeding or a civil action against me, I am rehabilitated, or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license.

☐ Yes ☐ No

License Obtained by Method: (please check one)

☐ If licensed in another state verification of licensure to be submitted directly to this office by the licensing agency of any state of the United States in which you hold a current license or ever held a cosmetology, electrology, esthetician, manicuring or natural hair culturist license.

☐ If not licensed in another state official final transcripts to be forwarded to this office directly from the educational institution if not licensed in another state.

Required Additional Documents for Veteran Fee Waiver:

If requesting a fee waiver as an individual who served in the armed forces - Form DD214, DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service.

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

Signature _____ Date _____

CHECK THE LICENSE TYPE		
☐ Cosmetologist	$39.00	2701-09
☐ Electrologist	$39.00	2704-09
☐ Esthetician	$39.00	2705-09
☐ Manicurist	$39.00	2703-09
☐ Natural Hair Culturist	$39.00	2702-09
Veteran	$0.00	Fee Waived
☐ Cosmetologist – Veteran		
☐ Electrologist – Veteran		
☐ Esthetician – Veteran		
☐ Manicurist – Veteran		
☐ Natural Hair Culturist - Veteran		

Make your check or money order in U.S. Currency payable to: **STATE OF MICHIGAN**

FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152 AND ARE NOT REFUNDABLE.

FOR OFFICE USE ONLY	
License Number	Issue Date

BPL/COSRECIP (Rev. 11/18)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.