



PROTECT PEOPLE &
PROMOTE BUSINESS

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

VERIFICATION REQUEST

(FOR COSMETOLOGY SCHOOL / BARBER COLLEGE HOURS OR NACCAS VERIFICATION)

NOTE: Only use this form for verification of school hours or NACCAS verification. If you need a certified verification of licensure, please visit www.michigan.gov/bpl and select "Certified License Verification" to order online.

Requestor's First Name		Middle Name	Last Name
Requestor's Email Address			Requestor's Telephone Number with Area Code
Provide name of individual seeking school hour verification for (if applicable)			MI Permanent ID/License Number (if applicable/known)
How do you want verification sent to recipient: (Check ONLY ONE) EMAIL <input type="checkbox"/> US POSTAL SERVICE <input type="checkbox"/>			If sending via email, list recipient's email address here
If sending via US Postal Service, provide recipient's name/association/US State or entity to send verification to			
Street Address to send verification to			
City		State	Zip Code
Check the appropriate box below to indicate the information to be verified:			
<input type="checkbox"/>	Cosmetology	2701-51	FOR OFFICE USE ONLY
<input type="checkbox"/>	Cosmetology Instructor	2701-51	
<input type="checkbox"/>	Electrologist	2704-51	
<input type="checkbox"/>	Electrologist Instructor	2704-51	
<input type="checkbox"/>	Esthetician	2705-51	
<input type="checkbox"/>	Esthetician Instructor	2705-51	
<input type="checkbox"/>	Manicurist	2703-51	
<input type="checkbox"/>	Manicurist Instructor	2703-51	
<input type="checkbox"/>	Natural Hair Culturist	2702-51	
<input type="checkbox"/>	Natural Hair Culturist Instructor	2702-51	
<input type="checkbox"/>	Barber	1701-51	
<input type="checkbox"/>	Barber Instructor	1701-51	
<input type="checkbox"/>	NACCAS Verification	2707-51	
REQUIRED COSMETOLOGY/BARBER SCHOOL INFORMATION:			
Name of Last Michigan School Attended			
School Street Address			City
Date Last Attended (Month and Year)		List Your Name, IF Different While Attending	
FEE PAYMENT INFORMATION:			
Submit a \$15.00 fee and a separate form for <i>EACH</i> school hour verification needed and mail to P.O. Box 30670, Lansing MI 48909. Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.			

LARA/BPL-DLVR-OCC (Rev. 12/2021)

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.