



APPLICATION FOR REACTIVATION FOR LICENSE AS AN ELECTROLOGIST

Date _____

Name _____
(Last) (First) (Middle Initial)

Home Address _____

Home Telephone Number _____ E-Mail _____

Electrology Business Name _____

Electrology Business Address _____
(Street) (City & State) (ZIP Code)

Electrology Business Telephone Number _____
(Area Code)

Describe Business Location _____
(Office, Home, Salon, Other)

ATTEST:

(Signature of applicant in presence of Notary Public)

_____ appeared before me this _____ day of

_____, 20_____, and has sworn that the above statements are true and without deception.

_____ My Commission Expires: _____
Notary Public Month and Year

(Notary Seal)

APPLICATION MUST BE ACCOMPANIED BY:

1. Proof of completion of 1.0 CEU within the 12 months preceding application for return to active status in satisfaction of the competency requirement of G.S. 88A-14. (21 NCAC 19.0701(b)).
2. Check or Money Order for \$150.00 reactivation fee.

For Board Use Only:

License #

Reactivation Date:

Remarks: