



APPLICATION FOR REACTIVATION TEMPORARY LICENSE AS AN ELECTROLOGIST

Pursuant to: NCGS Chapter 88-A: Electrolysis Practice Act

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)

Name of Supervisor _____

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

Applicant must adhere to 21 NCAC 19 .0204

ATTEST:

(Signature of applicant in presence of Notary Public)

(Signature of Supervisor in presence of Notary Public)

(Address of Business)

(Business Phone)

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)

<u>FOR BOARD USE ONLY:</u>	
Renewal #	Activation Date:
Remarks: _____	
Date of Scheduled Exam: _____	