
Cosmetology School Renewal Checklist

- A.A.C. R4-10-201 (B)(1)** A statement that indicates:
 - (1)(a)** any modifications, additions or deletions to the previously submitted catalog;
 - (1)(b)** Any changes that have occurred regarding the school's accrediting or approving organization;
 - (1)(c)** the school continues to maintain all equipment required by statute and rule;
- A.A.C. R4-10-201 (B)(2)** A subject description for each new course, if applicable;
- A.A.C. R4-10-201 (B)(3)** The name, address, and email address of a new statutory agent if the statutory agent will change beginning with the new license year;
- A.A.C. R4-10-201 (B)(4)** The name and license number of the instructor in charge of the school; and
- A.A.C. R4-10-201 (B)(5)** The name, address, email address, and telephone number of the bonding company, the bond number, expiration date of the bond and a copy of the bond.
- A.A.C. R4-10-201 (C)** The school licensee shall submit to the Board the terms and conditions of any management contract entered into for the school after the contract is executed;
- A.A.C. R4-10-103 (B)** Submit fee via personal check, money order or cashiers check:
 - \$250 if renewed on or before June 30
 - \$350 if renewed after June 30
- A.A.C. R4-10-201(D)** Signed agreement that within five days after a change occurs during the license year, the school licensee shall submit to the Board a subject description of any new course; the name of any new statutory agent; a description of a change to the catalog or school policies, procedures, or hours of operation, a copy of the student-school contract, or a copy of the bond.

If you have any questions, please contact Alicia Aleman at 480-784-4675 or aaleman@bcb.az.gov.

SCHOOL RENEWAL APPLICATION

GENERAL SCHOOL INFORMATION

1. Fee Amount Submitted:

- \$250.00 (if paid or postmarked *ON OR BEFORE* June 30th)
 \$350.00 (if paid or postmarked *AFTER* June 30th)

2. School Type: **choose only one**

- AESTHETICS COSMETOLOGY NAIL TECHNOLOGY HAIRSTYLING

SCHOOL LICENSE # _____

3. Owner Type:

- Individual Corporation Partnership School District

SCHOOL INFORMATION

School Name:

Full Address: (Street, City, State, Zip Code)

School Phone Number:

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School Fax number:

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School Email Address:

School Website Address:

SCHOOL OWNERSHIP INFORMATION

Owners Name: (*may be a corporation name or LLC name*)

Full Address: (Street, City, State, Zip Code)

Contact Phone Number:

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BOND INFORMATION

Bond Company's Name & Agent's Name:

Full Address: (Street, City, State, Zip Code)

Phone Number:

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Bond Number:

Expiration Date:

LICENSED INSTRUCTOR IN CHARGE:

Instructor's Name:

Arizona Instructor's License
#: (8 digits)

Phone #:

NOTARY AREA: (Application must be notarized for renewal)

State of Arizona:

County of _____ I hereby certify by my signature that I am in compliance with A.R.S. Title 32, Chapter 32-551 et seq.

Owner's Signature: _____

Owner's Name & Date (Printed) _____

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC: _____

My Commission expires: _____

Pursuant to A.A.C. R4-10-201 (B)(1)(c) I attest that this establishment has the equipment required by statute and rule for the operation of a school.

Pursuant to A.A.C. R4-10-201 (D) I attest that within five days after a change occurs during the license year, I shall submit to the Board a subject description of any new course; the name of any new statutory agent; a description of a change to the catalog or school policies, procedures, or hours of operation, a copy of the student-school contract, or a copy of the bond.

Licensee Signature and Date