

Arizona Barbering & Cosmetology Board 1740 W Adams St • #4400 • Phoenix, AZ 85007 bcb.az.gov • 480-784-4539

Katie Hobbs Governor Frank L. Migali Executive Director

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
statuto	ory 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
compa	any, 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
manag	gement 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, t	he 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								
	Fee Amount Submitted: □ \$250.00 (if paid or postmarked <u>ON OR BEFORE</u> June 30th) □ \$350.00 (if paid or postmarked <u>AFTER</u> June 30 th)							
2. School Type: choose only one □ AESTHETICS □ COSMETOLOGY □ NAIL TE	School Type: choose only one AESTHETICS COSMETOLOGY NAIL TECHNOLOGY HAIRSTYLING							
SCHOOL LICENSE #	SCHOOL LICENSE #							
3. Owner Type: ☐ Individual ☐ Corporation	□ Pa	rtnership 🗆 :	School E	District				
SCHOOL INFORMATION								
School Name:								
Full Address: (Street, City, State, Zip Code)								
School Phone Number:		School Fax number:						
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:								
BOND INFORMATION								
Bond Company's Name & Agent's Name:								
Full Address: (Street, City, State, Zip Code)								
Phone Number:	Bond Number:		Expiration Date:					
LICENSED INSTRUCTOR IN CHARGE:								
Instructor's Name:		Arizona Instructor's Li #: (8 digits)	icense	Phone #:				

NOTARY AREA: (Application must be notarized for renewal)									
State of Arizona:									
County of Chapter 32-551 et seq.	I hereby	_ I hereby certify by my signature that I am in compliance with A.R.S. Title 32,							
Owner's Signature:		Owner's Name & Date (Pri	inted)						
Subscribed and sworn to befor	re me this day of	:							
NOTARY PUBLIC:	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									