

Hair Braiding Registration Application

Registrations are issued for one calendar year from the month they are issued or renewed.

Submit a complete application by mail or in person to the address listed above.

Incomplete applications are returned for corrections, which may delay registration.

Applications are processed within 15 business days of receipt. Please allow for the full processing time.

☞ If this is your **first** registration, submit the following:

- 30-hour Infection Control Course* Completion Certificate
- Complete Hair Braiding Registration Application
- Fees: \$20 (check/money order payable to Board of Cosmetology or exact cash)

* For a list of course providers, visit mn.gov/boards/cosmetology.

☞ If you are **renewing** your registration, submit the following:

- Complete Hair Braiding Registration Application
- Fees: \$20 (check/money order payable to Board of Cosmetology or exact cash)

Applicant Information

8/2017

Full Name <i>first, middle, last</i>	Street Address
Social Security Number <i>xxx-xx-xxxx</i>	City, State, Zip Code
Date of Birth <i>mm/dd/yyyy</i>	Phone Number
Registration Number <i>if renewing</i>	Email Address

Registered Hair Braider Responsibility

As a registered hair braider, you are responsible to know the following information.

- **Registration Renewal:** Your registration will expire on the last day of the month, one year from the date on which it was issued or renewed. If you fail to renew on or before that date, your registration will no longer be valid. The Board makes every effort to email renewal notices to each registrant, but it is your obligation to renew your registration on time.
- **Name Change:** If you change your name, you must notify the Board within 30 days of the change. Complete a Name Change Form, found at mn.gov/boards/cosmetology, and provide legal documentation of the name change as well as payment of the \$20.00 Name Change Fee.
- **Address Change:** It is your obligation to inform the Board of any address changes. To update your address, visit mn.gov/boards/cosmetology and click Account Services.

Application Certification

I certify that the information submitted within this application is true and correct. I also certify that this document has not been altered or changed in any manner from the form adopted by the Board of Cosmetology. Further, I have read and acknowledge receiving the Tennessee Warning.



Applicant Signature: _____ **Date:** _____

TENNESSEN WARNING: The data which you furnish on this application will be used by the Board to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data, however if you fail to do so, the Board may be unable to process this application. While your licensure is pending, the information submitted, except your name and address, are considered private and will generally not be disclosed outside the Board. In circumstances authorized or required by law, however, it may be disclosed to others including persons contacted for purpose of verification or investigation, and the Attorney General's Office. Certain information on the application, including your Social Security number (SSN), will be provided to the Minnesota Department of Revenue at its request. If the matter of your licensure becomes contested, the information submitted on an application may become public. After issuance of a license, all information contained in this application, except your SSN, will be public information pursuant to Minnesota Statutes Chapter 13. Before the Board issues a license, individuals and businesses are required by Minnesota Statutes to provide certain data. Individuals: Social Security numbers are required by Minnesota Statutes 270C.72. Businesses: Minnesota business identification number and information requested concerning Workers Compensation Insurance are required by Minnesota Statutes. Pursuant to Minnesota Statutes 604.113 and 609.535, the Board is authorized to charge a service charge of \$30.00 for any check that is returned for non-sufficient funds.

For Board Office Use Only	Amount:	C/MO/R#:	Processor:	Date:
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