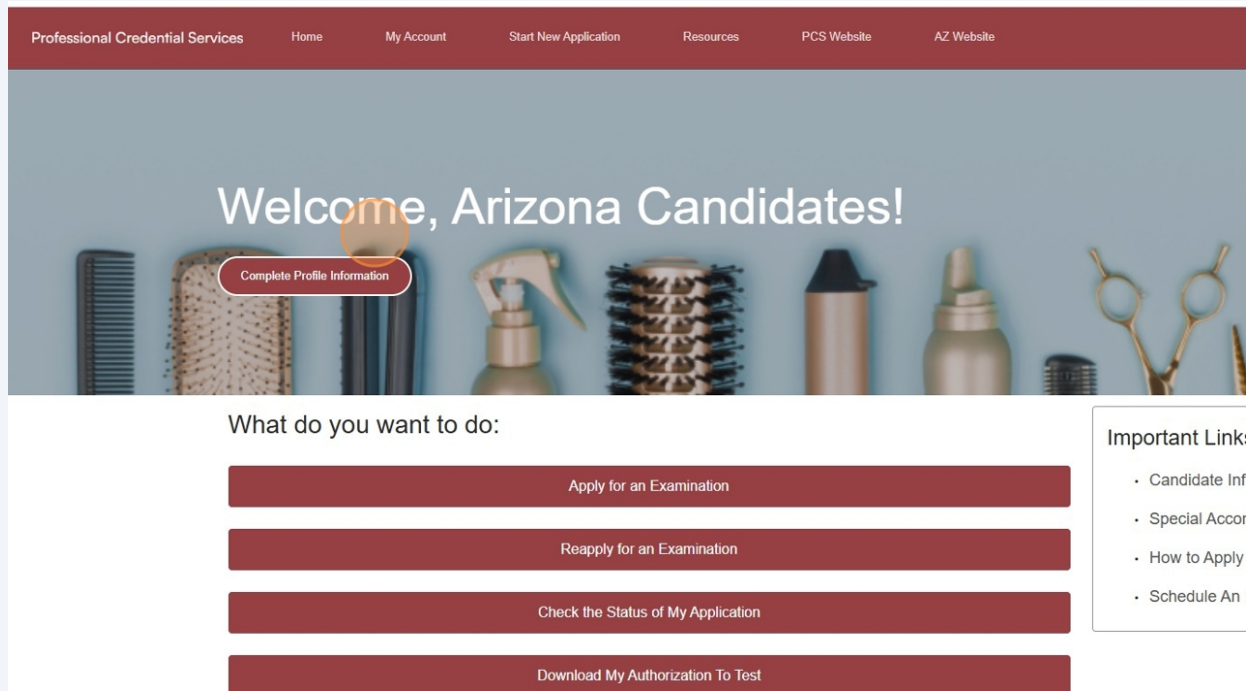


# How to Submit an Application For AZ



1

From the "Welcome, Arizona Candidates! Complete Profile Information" homepage. Have all required documents and a payment method ready BEFORE starting the application.



## 2 Click "Complete Profile Information"

Professional Credential Services Home My Account Start New Application Resources PCS Website AZ Website

# Welcome, Arizona Candidates!

Complete Profile Information

What do you want to do:

- Apply for an Examination
- Reapply for an Examination
- Check the Status of My Application
- Download My Authorization To Test

**Important Links**

- Candidate Information
- Special Accommodations
- How to Apply for an Examination
- Schedule An Examination

## 3 Click "Edit" if you have not already completed your profile information.

Applicant Information

First Name	Park	Street	654 Utopia Lane
Middle Name		City	Wonderland
Last Name	Seonghwa	State	TX
Suffix		Zip Code	55555
Maiden Name		Country	United States
Phone	6153100000	Birthdate	04/03/1998
Email	nmcoss+777@pcshq.com		

Edit

### Applications

Below are all the applications associated with you. They include current and past applications. You can view the information related to each application, such as downloading your ATT, reapplying for an examination, etc., by clicking "View Details" next to each application.

Start New Application

Applications

All Open Closed

4

Enter in all required information. Names should be entered to match Government issued photo ID exactly. **If your first name is Susan Ann on your government-issued ID, you must include both names on your application. If your last name is Jones-Smith, you must include both names on your application. Please enter both of your last names (apellidos): your first last name (apellido paterno) and your second last name (apellido materno) exactly as they appear on your ID.**

Professional Credential Services

Home

My Account

Start New Application

Resources

PCS Website

AZ Website

## Profile

Please ensure that the Applicant Information below is accurate and complete.

### Applicant Information

\* First Name

Park

Middle Name

\* Last Name

Seonghwa

Suffix

Maiden Name

\* Phone

6153100000

\* Email

nmcos+777@pcshq.com

\* Mailing Street

654 Utopia Lane

\* Mailing City

Wonderland

\* Mailing State/Province

TX

\* Mailing Zip/Postal Code

55555

\* Mailing Country

United States

\* Birthdate

4/3/1998

Save

Cancel

5

Check that your name is spelled correctly and matches your ID, address is correct, and date of birth matches your ID. Click "Save" once all required information has been entered and double-checked for accuracy.

**Applicant Information**

* First Name <input type="text" value="Park"/>	* Mailing Street <input type="text" value="654 Utopia Lane"/>	<div> <div>April</div> <div>1998</div> <table border="1"> <tr><td>Sun</td><td>Mon</td><td>Tue</td><td>Wed</td><td>Thu</td><td>Fri</td></tr> <tr><td>29</td><td>30</td><td>31</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>1</td></tr> <tr><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td colspan="6">Today</td></tr> </table> </div>	Sun	Mon	Tue	Wed	Thu	Fri	29	30	31	1	2	3	5	6	7	8	9	10	12	13	14	15	16	17	19	20	21	22	23	24	26	27	28	29	30	1	3	4	5	6	7	8	Today					
Sun	Mon		Tue	Wed	Thu	Fri																																												
29	30		31	1	2	3																																												
5	6		7	8	9	10																																												
12	13		14	15	16	17																																												
19	20		21	22	23	24																																												
26	27	28	29	30	1																																													
3	4	5	6	7	8																																													
Today																																																		
Middle Name <input type="text"/>	* Mailing City <input type="text" value="Wonderland"/>																																																	
* Last Name <input type="text" value="Seonghwa"/>	* Mailing State/Province <input type="text" value="TX"/>																																																	
Suffix <input type="text"/>	* Mailing Zip/Postal Code <input type="text" value="55555"/>																																																	
Maiden Name <input type="text"/>	* Mailing Country <input type="text" value="United States"/>																																																	
* Phone <input type="text" value="6153100000"/>	* Birthdate <input type="text" value="4/3/1998"/>																																																	

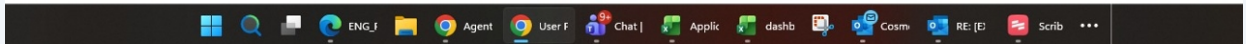
\* Email

Format: 12/31/2024

**Save** **Cancel**

## Applications

Below are all the applications associated with you. They include current and past applications. You can view the information related to each application, such as downloading your ATT, reapplying an examination, etc., by clicking **"View Details"** next to each application.



6

Click "Start New Application"

* Phone <input type="text" value="6153100000"/>	* Birthdate <input type="text" value="4/3/1998"/>
* Email <input type="text" value="nmcoss+777@pcshq.com"/>	

**Save** **Cancel**

## Applications

Below are all the applications associated with you. They include current and past applications. You can view the information related to each application, such as an examination, etc., by clicking **"View Details"** next to each application.

**Start New Application**

Applications			
Application #	License	Status	Expiration Date
1 A-0000000036	Barber	Under Review	Nov 25, 2026
<div> <div>Prev</div> <div>Page 1 of 1</div> <div>Next</div> </div>			

7

Click the application type that matches your schooling/expected license type.

## Start an Application

Please locate the profession you wish to apply for in the list below and click the "Start Application" button. You can track your application's status by clicking on the "My" above.

### Cosmetology and Barber Related Examinations

AESTHETICIAN APPLICATION

BARBER APPLICATION

COSMETOLOGY APPLICATION

HAIRSTYLISTS APPLICATION

NAIL TECHNICIAN APPLICATION

### Instructor Examinations

Start Instructor Aesthetician Application

8

Verify the correct application type has been selected and that you have ALL required documentation BEFORE beginning the application.

Sheet... Accreditation Resou... Nursys® Nursing Board Lic. NCEES Member Boa... Verification Oracle Applications... Welcome to CES Co... Nursys® Map Manage My PCS Ac... PCS Help Center

Services Home My Account Start New Application Resources PCS Website AZ Website

Application will be for this exam type:  
**Cosmetology**

If this is not the license you wish to apply for, please return to the Start Application page and select the appropriate license.

**NOTE: Your application will not be saved once started. Please have payment information and documents ready before beginning.**

Confirm Ap...

**Professional Credential Services**  
A Virtual Company

**Location**  
25 Century Blvd., Suite 505  
Nashville, TN 37214  
United States

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## 9 Click "Confirm Application"

[Home](#) [My Account](#) [Start New Application](#) [Resources](#) [PCS Website](#) [AZ Website](#)

Application will be for this exam type:  
**Cosmetology**

If this is not the license you wish to apply for, please return to the Start Application page and select the appropriate license.

**NOTE: Your application will not be saved once started. Please have payment information and documents ready before beginning.**

Confirm Application

Professional Credential  
Services  
al Company

Location  
25 Century Blvd., Suite 505  
Nashville, TN 37214  
United States

Legal  
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<https://virtualinc.com>

## 10 Initial applicants who have not sat for an exam or who have not completed an exam in the last year should select "No." If you have sat in the past year for an exam and need to take an additional exam/re-exam for licensure, click "Yes."

[Home](#) [My Account](#) [Start New Application](#) [Resources](#) [PCS Website](#) [AZ Website](#)

Have you submitted an Application for the Cosmetology Profession previously?

Select One  
☒ Yes  
☐ No

Applicant Information

First Name  
Park

Middle Name

Last Name  
Seonghwa

Suffix

Maiden / Previous Name

Street  
654 Utopia Lane

City  
Wonderland

State  
TX

Postal Code  
55555

Country  
United States

Email  
nmcos+777@pcshq.com

Primary Phone  
6153100000

Date of Birth  
April 3, 1998

Education Information

\* School  
--None--

\* Enrollment Date

\* Completion Date

Accommodations

If you require special accommodations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

## 11 Click "School" and select your school/experience from the drop-down.

Applicant Information

First Name	Street	Email
Park	654 Utopia Lane	nmcos+777@pcshq.com
Middle Name	City	Primary Phone
Last Name	Wonderland	6153100000
Seonghwa	State	Date of Birth
Suffix	TX	April 3, 1998
Maiden / Previous Name	Postal Code	
	55555	
	Country	
	United States	

Education Information

\* School --None-- \* Enrollment Date

\* Completion Date

Accommodations

If you require special accommodations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

☐ I am requesting special accommodations under the Americans with Disabilities Act

Acknowledgement

**One Year Limit**

Your Authorization is good for one year from the date you apply. If one year lapses from the time you applied, you will forfeit your fees and must reapply and submit documentation again. Authorizations to Test (ATTs) are valid for one year and will expire if not used.

## 12 Closed Program? Select this option.

azcos.pcsnq.com/s/submit-application?cid=azc1P0000030B/32AG

ADP CSA - Smartsheet.c...

B5 Beauty School - Esthetics  
B5 Beauty School - Nails  
Beebe's Academy of Beauty LLC  
BEEBE'S ACADEMY OF BEAUTY LLC  
Better Hair Education LLC  
Blossom Beauty College  
Bocutz Barber Academy  
BORI Barber Academy  
Canyon De Chelly School of Cosmetology Voc  
Career Success High School Voc - Cosmetology  
Cavit Academy of Cosmetology  
CAVIT-Central Arizona Valley Institute of Technology  
Charles of Italy Beauty College - Bullhead City  
Charles of Italy Beauty College - Lake Havasu  
**Closed School**  
Cutting Class 128 - JTED Academy of Cosmetology  
Cutting Class 140 - JTED Academy of Cosmetology  
D'Image Barber College - Phoenix - Barber  
D'Image Beauty College  
DESERT WEST BARBER COLLEGE LLC  
--None--

Select One  
☐ Yes  
☒ No

Email  
nmcos+777@pcshq.com  
Primary Phone  
6153100000  
Date of Birth  
April 3, 1998

\* Enrollment Date   
\* Completion Date

Accommodations

If you require special accommodations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

☐ I am requesting special accommodations under the Americans with Disabilities Act



### 13 Click here and select enrollment and completion dates.

Street  
654 Utopia Lane

City  
Wonderland

State  
TX

Postal Code  
55555

Country  
United States

Email  
nmcos+777@pcshq.com

Primary Phone  
6153100000

Date of Birth  
April 3, 1998

\* Enrollment Date

\* Completion Date

modations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

modations under the Americans with Disabilities Act

ed for one year from the date you apply. If one year lapses from the time you applied, you will forfeit your fees and must reapply and submit documentation again. Authorizations for one year and will expire if not used.

### 14 If you require testing accommodations under the Americans with Disabilities Act you will need to check this option. Ensure you have a completed ADA form (available under Resources on the homepage) and supporting medical documentation to upload prior to completing the application.

Log in to your account at Prote... Health Professions Licensing... Submit Application

azcos.pcshq.com/s/submit-application?cid=a2CTP0000030B732AG

ADP CSA - Smartsheet... Accreditation Resou... Nursys® Nursing Board Lic. NCEES Member Boa... Verification Oracle Applications... Welcome to CES Co... Nursys® Map Manag

Country  
United States

Education Information

\* School  
Closed School

\* Enrollment Date  
Dec 2, 2025

\* Completion Date  
Dec 11, 2025  
Format: Dec 31, 2024

Accommodations

If you require special accommodations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

☐ I am requesting special accommodations under the Americans with Disabilities Act

Acknowledgement

**One Year Limit**  
Your Authorization is good for one year from the date you apply. If one year lapses from the time you applied, you will forfeit your fees and must reapply and submit documentation again. Authorizations for one year and will expire if not used.

☐ I have read the Candidate Information Bulletin (CIB) for the profession for which I am applying.

☐ I attest that the information in this application is accurate. I have read and agree to the conditions of the Candidate Information Bulletin



15

Verify the Acknowledgement of the one year limit on applications and authorizations.

Closed School ⌵ Dec 2, 2025

\* Completion Date  
Dec 11, 2025

✓ Accommodations

If you require special accommodations under the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

☐ I am requesting special accommodations under the Americans with Disabilities Act.

✓ Acknowledgement

**One Year Limit**  
Your Authorization is good for one year from the date you apply. If one year lapses from the time you applied, you will forfeit your fees and must reapply and submit documentation to Test (ATTs) are valid for one year and will expire if not used.

☐ I have read the Candidate Information Bulletin (CIB) for the profession for which I am applying.

☐ I attest that the information in this application is accurate. I have read and agree to the conditions of the Candidate Information Bulletin

Professional Credential  
Services

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16

Click "Next"

⌵ Dec 2, 2025 📅

\* Completion Date  
Dec 11, 2025 📅

the Americans with Disabilities Act, you must complete and submit the ADA Accommodations Request Form with your application. Click here to view the ADA Accommodations Request Form. Also upload any medical documentation or IEP forms.

☐ I am requesting special accommodations under the Americans with Disabilities Act.

from the date you apply. If one year lapses from the time you applied, you will forfeit your fees and must reapply and submit documentation again. Authorizations are valid for one year and will expire if not used.

☐ I have read the Candidate Information Bulletin (CIB) for the profession for which I am applying.

☐ I attest that the information in this application is accurate. I have read and agree to the conditions of the Candidate Information Bulletin

Previous **Next**

Professional Credential

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#### Legal

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<https://virtualinc.com>

## 17 Click "Upload Files"

Log in to your account at Profe... x Health Professions Licensing Sy... x Submit Application x +

azcos.pcsdq.com/s/submit-application?cid=a2CTP0000030B732AG

ADP CSA - Smartsheet... Accreditation Resou... Nursys® Nursing Board Lic. NCEES Member Boa... Verification Oracle Applications... Welcome to CES Co... Nursys® Map Manag

Professional Credential Services Home My Account Start New Application Resources PCS Website AZ Website

Upload 2x2 Inch Passport Style Color Photo

**Please provide a passport style photo only (headshot), not a photo of your passport.**  
For additional information on requirements please visit <https://travel.state.gov/content/travel/en/passports/how-apply/photos.html>

\* 2x2 Inch Passport Style Color Photo

Upload Files Or drop files

IMPORTANT! After adding files you must click "Finish Upload" below!

Upload US Government Issued Photo ID

**Please provide a non-expired US Government Issued Photo ID.**  
For additional information on requirements please visit <https://azdot.gov/mvd/services/driver-services/driver-license-information>

\* US Government Issued Photo ID

Upload Files Or drop files

IMPORTANT! After adding files you must click "Finish Upload" below!

Upload School Verification Form

**Please provide a copy of the School Verification Form.**

## 18 Select a jpeg or pdf file of your passport-style photo(not a photo of your passport/ID photo)

Downloads

Search Downloads

Name	Date modified	Type	Size
▼ Last week			
Screenshot 2025-12-12 142308	12/12/2025 2:26 PM	JPG File	52 KB
001TP00000cgDuDYAU_Govid_2025-12-03	12/12/2025 11:57 AM	Adobe Acrobat Docum...	2,825 KB
Screenshot 2025-12-11 145945	12/11/2025 2:59 PM	JPG File	207 KB
Nina Calabrese-Santana Invoice 00022153 12_10_2025	12/11/2025 12:17 PM	Adobe Acrobat Docum...	36 KB
scorenotice (61)	12/10/2025 11:09 AM	Adobe Acrobat Docum...	14 KB
scorenotice (60)	12/10/2025 11:09 AM	Adobe Acrobat Docum...	16 KB
COG-Out-of-State-Program-Completion-8.1.2025	12/9/2025 2:13 PM	Adobe Acrobat Docum...	951 KB
CheeseTest1	12/9/2025 11:30 AM	Adobe Acrobat Docum...	9,337 KB
▼ Earlier this month			

File name: Custom Files Open Cancel

Please provide a non-expired US Government Issued Photo ID.  
For additional information on requirements please visit <https://azdot.gov/mvd/services/driver-services/driver-license-information>

\* US Government Issued Photo ID

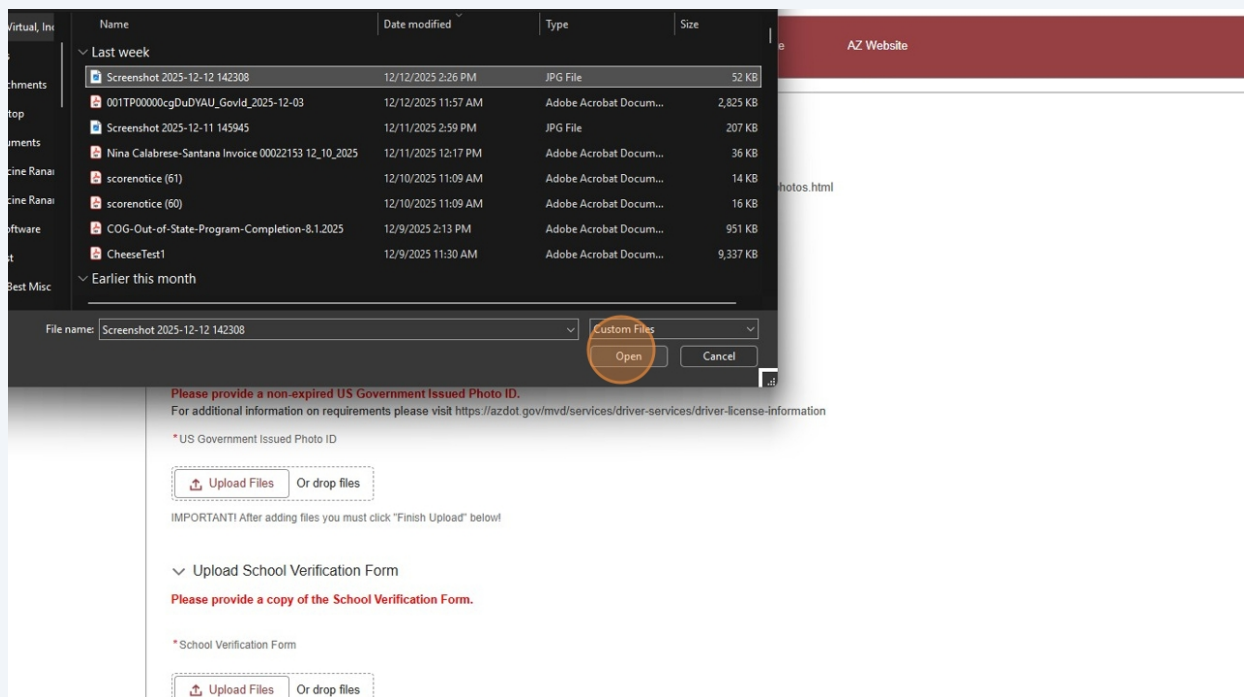
Upload Files Or drop files

IMPORTANT! After adding files you must click "Finish Upload" below!

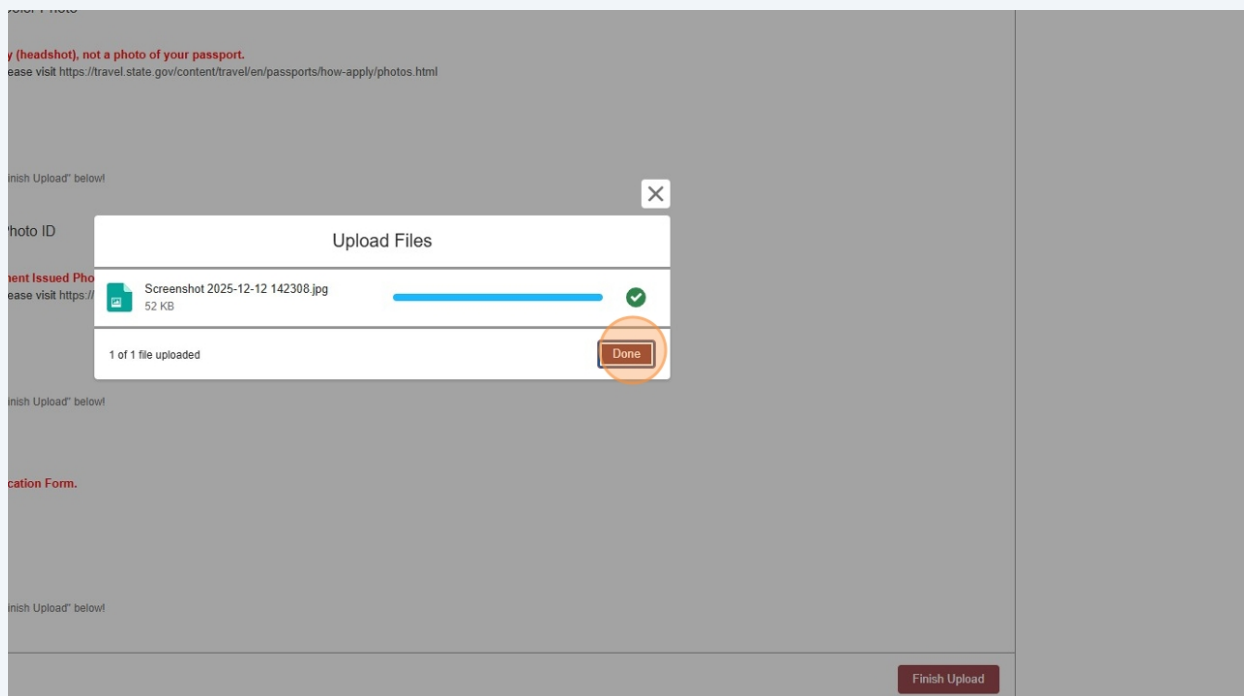
Upload School Verification Form

Please provide a copy of the School Verification Form.

## 19 Click "Open"



## 20 Click "Done" once the green check appears.



## 21

✓ Upload 2x2 Inch Passport Style Color Photo

Please provide a passport style photo only (headshot), not a photo of your passport.  
For additional information on requirements please visit <https://travel.state.gov/content/travel/en/passports/how-apply/photos.html>

\* 2x2 Inch Passport Style Color Photo

[Upload Files](#) Or drop files

**IMPORTANT!** After adding files you must click "Finish Upload" below!



001TP00000cIU9pYAG\_PP\_2025-12-15.jpg

✕

✓ Upload US Government Issued Photo ID

Please provide a non-expired US Government Issued Photo ID.

For additional information on requirements please visit <https://azdot.gov/mvd/services/driver-services/driver-license-information>

\* US Government Issued Photo ID

 Upload Files

Or drop files

**IMPORTANT!** After adding files you must click "Finish Upload" below!

✓ Upload School Verification Form

Please provide a copy of the School Verification Form.

\* School Verification Form

[Upload Files](#) Or drop files

Or drop files

**IMPORTANT!** After adding files you must click "Finish Upload" below!

## 22

Please provide a non-expired US Government Issued Photo ID.

For additional information on requirements please visit <https://azdot.gov/mvd/services/driver-services/driver-license-information>

\* US Government Issued Photo ID

 Upload Files

Or drop files

**IMPORTANT!** After adding files you must click "Finish Upload" below!



001TP00000clU9pYAG\_GovId\_2025-12-15.jpg

X

✓ Upload School Verification Form

Please provide a copy of the School Verification Form.

\* School Verification Form

 Upload Files Or drop files here

Or drop files

**IMPORTANT!** After adding files you must click "Finish Upload" below!

23

Click "Finish Upload" after uploading all required documents. All documents must be uploaded at once. Failure to do so will lead to processing delays.

ase visit <https://azdot.gov/mvd/services/driver-services/driver-license-information>

ish Upload" below!

-12-15.jpg

ation Form.

ish Upload" below!

-15.pdf

Finish Upload

Professional Credential Services

Location

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United States

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24

Click the exams you need to take. Only click an exam after verifying you will be sitting for that exam. Exams cannot currently be unmarked.

Log in to your account at Professional Credential Services x Health Professions Licensing System x Submit Application x +

azcos.pcsdq.com/s/submit-application?cid=a2CTP0000030B732AG

ADP CSA - Smartsheet... Accreditation Resou... Nursys® Nursing Board Lic. NCEES Member Boa... Verification Oracle Applications... Welcome to CES Co... Nursys® Map Manage

Professional Credential Services Home My Account Start New Application Resources PCS Website AZ Website

Please select the examinations you wish to purchase and then press the "Purchase Examinations" button below. After selection, you will be taken to the payment screen. You must pass all rec

Theory Examination

☒ Cosmetology Theory - English

☐ Cosmetology Theory - Korean

☐ Cosmetology Theory - Spanish

☐ Cosmetology Theory - Vietnamese

Written Practical Examination

☐ Cosmetology Written Practical - English

☐ Cosmetology Written Practical - Spanish

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## 25 Click "Purchase Examinations"

The screenshot shows the Virtual, Inc. website interface. At the top, there is a navigation bar with links: "Start New Application", "Resources", "PCS Website", and "AZ Website". Below the navigation bar, a message states: "chase and then press the 'Purchase Examinations' button below. After selection, you will be taken to the payment screen. You must pass all required examinations to become licensed." A large, empty rectangular box is present, likely for displaying selected exams. At the bottom right of this box, a red button labeled "Purchase Examinations" is highlighted with an orange circle. Below the box, a dark blue footer contains the text "Virtual, Inc. National Credential" on the left, and "Location" and "Legal" information on the right. The "Location" section lists: "25 Century Blvd., Suite 505", "Nashville, TN 37214", and "United States". The "Legal" section lists: "All Rights Reserved", "Virtual, Inc. © 2025", and "https://virtualinc.com".

## 26 Verify the correct exams and languages have been selected.

The screenshot shows the Virtual, Inc. website interface after selecting exams. The browser's address bar shows the URL: "https://virtualinc.com/?cid=a2CTP000003OB732AG". The navigation bar is the same as in the previous screenshot. Below the navigation bar, a message states: "You have selected the following examination(s):". Below this message, two exams are listed: "Cosmetology Theory - English" and "Cosmetology Written Practical - English". Below the list of exams, a message states: "If this is not the examination(s) you wish to purchase, please click the 'Back to Exam Selection' button below." At the bottom right of the main content area, there are two buttons: "Back to Exam Selection" and "Confirm Selection". The "Back to Exam Selection" button is highlighted with an orange circle. Below the buttons, a dark blue footer contains the text "Virtual, Inc. National Credential" on the left, and "Location" and "Legal" information on the right. The "Location" section lists: "25 Century Blvd., Suite 505", "Nashville, TN 37214", and "United States". The "Legal" section lists: "All Rights Reserved", "Virtual, Inc. © 2025", and "https://virtualinc.com".

## 27 Click "Confirm Selection"

This screenshot shows a web browser window with a dark red navigation bar at the top containing links like "Start New Application", "Resources", "PCS Website", and "AZ Website". The main content area has a white background and displays the text: "You have selected the following examination(s):", followed by "Cosmetology Theory - English" and "Cosmetology Written Practical - English". Below this, it says "If this is not the examination(s) you wish to purchase, please click the 'Back to Exam Selection' button below." At the bottom right of this section are two buttons: "Back to Exam Selection" and "Confirm Selection", with the latter highlighted by an orange circle. A dark grey footer bar at the bottom contains the word "Confidential" on the left and contact information for "Virtual, Inc." on the right, including the address "25 Century Blvd., Suite 505, Nashville, TN 37214, United States" and the website "https://virtualinc.com".

## 28 Enter Payment information. Make sure the Name and billing address match the CARDHOLDER.

This screenshot shows a web browser window with a dark red navigation bar at the top. The main content area has a white background and is titled "Payment Info". It contains several input fields: "FULL NAME" (with a red asterisk), "Card Number", "MM/YY", and "CVV". Below these is a "Billing Address" section with fields for "654 Utopia Lane" (with a red asterisk), "Apt / Suite", "Wonderland", "Texas", "55555", and "nmcos+777@pcshq.com". At the bottom of the form is a large red button labeled "Pay \$177.00". Below the button, a red text instruction reads: "After you see the large green check mark, click 'Next'." An orange circle is placed to the right of the payment fields.



## 29 Click "Pay"

Payment Info

Park Seonghwa

VISA

Pay \$177.00

After you see the large green check mark, click "Next".

Next

Professional Credential Services  
A Virtual Company

Location  
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Nashville, TN 37214  
United States

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## 30 Click "Next" after the payment processes and is confirmed with a big green checkmark. Your application has been completed and submitted for processing.

After you see the large green check mark, click "Next".

Next

Suite 505  
14


Legal  
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<https://virtualinc.com>

## 31 To check your application status at any time, Click "My account"

Professional Credential Services   Home   **My Account**   Start New Application   Resources   PCS Website   AZ Website

### Profile

Please ensure that the Applicant Information below is accurate and complete.

 Applicant Information

First Name	Park	Street	654 Utopia Lane
Middle Name		City	Wonderland
Last Name	Seonghwa	State	TX
Suffix		Zip Code	55555
Maiden Name		Country	United States
Phone	6153100000	Birthdate	04/03/1998
Email	nmcos+777@pcshq.com		

Edit

### Applications

Below are all the applications associated with you. They include current and past applications. You can view the information related to each application, such as downloading your ATT, re-examine, etc., by clicking "View Details" next to each application.


## 32 Click "View Details" under the applications box at the bottom of the page.

Email: nmcos+777@pcshq.com   Edit

### Applications

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Start New Application

 Applications All Open

Application #	License	Status	Expiration Date	Details
1 A-0000000552	Cosmetology	Awaiting Payment	Dec 15, 2026	View Details
2 A-0000000036	Barber	Under Review	Nov 25, 2026	View Details

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