CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR TEMPORARY PERMIT BY RECIPROCITY

You must apply for a license by reciprocity before (or at the same time) you apply for a temporary permit. When you have met all the requirements for licensure by reciprocity, you may receive a temporary permit to practice until the Board meets to review your application(s). To apply for a temporary permit, submit:

- completed and signed *Application for Temporary Permit by Reciprocity* (Notarization is not required.)
- processing fee by check or money order made payable to State of Delaware. See Fee Schedule on dpr.delaware.gov - click on *Cosmetology* and then on *Fee Schedule*.

TYPE OF PERMIT

I am applying for a temporary permit as a (check *all that apply*):

☐ Cosmetologist ☐ Barber ☐ Nail Technician ☐ Aesthetician ☐ Electrologist

☐ Cosmetologist Instructor ☐ Barber Instructor ☐ Nail Technician Instructor
☐ Aesthetician Instructor ☐ Electrologist Instructor

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____ _____ _____
   First Middle Family (Last)

2. Mailing Address: _____
   Street

   _____ _____ _____
   (City) (State) (Zip)

3. Social Security Number: _____

4. Home Phone: _____ 5. Work Phone: _____ 6. Email: _____

LOCATION OF TEMPORARY PRACTICE

7. Name of Salon/Shop Where Practicing: _____

8. **Location** Address: _____
   Street

   _____ _____ _____
   (City) (State) (Zip)

9. Shop's *Professional* License Number: **M9-** _____

10. Shop's Phone: _____

SIGNATURE

Applicant Signature: _____ Date: _____