

State Board of Cosmetology  
 P O Box 2649  
 Harrisburg, PA 17105-2649

**Courier Address:**  
 State Board of Cosmetology  
 2601 North Third Street  
 Harrisburg, PA 17110

**REQUEST FOR DUPLICATE LICENSE  
 REQUEST FOR CHANGES TO AN INDIVIDUAL LICENSE**

This request form is used to process a change of personal name and/or address on an individual license or to request a duplicate copy of an existing license. **You cannot use this form to make changes to a licensed salon or school license—visit the State Board of Cosmetology web site at the address below or contact the Board Office for the appropriate application to make changes to a shop or school license.**

Licensees may also request a duplicate or make address changes on-line by logging onto their profile at [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us)

**CHECK THE APPROPRIATE BLOCK AND COMPLETE THE REQUESTED INFORMATION**

**CHANGE OF PERSONAL NAME AND/OR ADDRESS:**

1. Submit an 8½ x 11 copy of a legal document verifying your new name. **The only acceptable documents are:** a marriage certificate, divorce decree which indicates the retaking of your maiden name, court order indicating the retaking of a maiden name, or a court order approving a legal name change. ***Copies of driver's license or Social Security cards are not acceptable. Failure to submit required documents will result in your license being issued in the name as shown on our records.*** **NOTE:** the Board does NOT reprint licenses solely due to a change of name and/or address. To have the license reprinted, you must also request a duplicate license at the cost of \$5.00
2. Complete the information below.

**REQUEST FOR A DUPLICATE LICENSE:**

1. Submit a \$5.00 fee, check or money order, payable to the "Commonwealth of PA." ***A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.***
2. Complete the information below.

**REQUEST TO PLACE MY INDIVIDUAL LICENSE ON INACTIVE STATUS.** Complete the information below.  
 There is no fee to place your license on inactive status.

<b>LICENSEE NAME:</b>		<b>SOCIAL SECURITY #:</b>	
<b>LICENSE #:</b>		<b>DATE OF BIRTH:</b>	
<b>PLEASE PRINT CLEARLY</b>			
<b>ADDRESS:</b>			<b>OLD ADDRESS:</b>
	City:	State:      Zip Code:	City:      State:      Zip Code:
<b>EMAIL:</b>			