

Schedule D
Cosmetology Association of Nova Scotia
Application for a License to Practice Cosmetology

Please send completed form to:
Cosmetology Association of Nova Scotia
126 Chain Lake Drive
Halifax, NS B3S 1A2
(902) 468-6477 (ph.)
(902) 468-7147 (fax)

Category of Licence being Applied for: _____

Name: _____

Home Address: _____

Home Phone Number: _____

Business Address: _____

Business Telephone Number: _____

Business Fax Number: _____

Type of License Requested: _____

Reason for License Request: _____

Email Address: _____

Education and Training

School Attended: _____

Date Course Completed: _____

Designation Received: _____

Employment History: _____

Applicant's Signature

Date