

REINSTATEMENT OF LAPSED LICENCE

** Fees associated with this reinstatement application are noted on page 3 herein and in accordance with the Cosmetology Act, 2012, c. 39 at Schedule B. Fees associated with the reinstatement of a lapsed licence are noted in the lapsed licence information package attached, as well as in the Cosmetology Act, 2012, c. 39.*

Application fee must be received at the Association prior to processing application.

Name

Address

Telephone No.

Email Address

Licence reinstatement:

- Cosmetologist (Hairdressing)
- Cosmetologist (Esthetics)
- Nail Technology
- Make-up Artistry
- Body Hair Removal
- Other (Specific)

Licence No. _____

When did your licence expire?

Year: _____

Are you currently employed?

Yes

No

If yes, provide location:

Please provide the following information:

List your last five years' uninterrupted active work in a registered cosmetology or home salon establishment. Provide dates of employment, salon/spa name, location, and supervisor contact name.

If your licence lapsed due to personal, health or medical related reasons, please indicate below (***all information is held in strict confidence***). Attached additional page if required.

CANS Office Use Only:

Date Application Received: _____

Approved Denied

Date Approved: _____

Authorized Signature: _____

<u>Description</u>	<u>Fee</u>	<u>Paid</u>
Application/Admin*	\$55.00	<input type="checkbox"/>
Past Due Fees Apply		<input type="checkbox"/>

Plus applicable taxes.

*Application fee must be received at the Association prior to processing application.

Revised-2018