



CANNON BUILDING
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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 INSTRUCTOR PERMIT BY EXAMINATION

INSTRUCTIONS

You must apply for a license by examination before (or at the same time) you apply for a temporary permit. When you have met all the requirements for licensure by examination other than passing the exam, you may receive a temporary permit to practice.

When you complete the online application on the PCS website, the temporary permit questions are included. However, use this form in the following situations:

- When you completed the online application, you did not request a temporary permit (e.g., you didn't have a job) but now wish to apply.
- You already have a temporary permit but must re-apply for a new permit because you changed schools or supervisors after your temporary permit was issued.

To apply for a temporary permit using this form...

- Submit completed, signed and notarized *Application for Temporary Instructor Permit by Examination* including certification signed by supervisor.
- Enclose processing fee of \$35 by check or money order made payable to "Professional Credentialing."
- Mail application and check to: Professional Credential Services
ATTN: Delaware Cosmetology
PO Box 198768
Nashville TN 37219-8768

Your temporary permit will be valid for 30 days past the next available examination date. If you fail the exam, the permit can be extended **only if** you have registered for the next available exam. You have two years from the date that you applied for licensure to pass the both exams. If you have not passed the exams by the end of the two-year period, you must wait one year, then reapply and meet all the requirements for licensure, including repeating all educational requirements as well as re-taking and passing both parts of the required exam.

TYPE OF PERMIT

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

- Cosmetologist Instructor Barber Instructor Nail Technician Instructor Aesthetician Instructor
 Electrologist Instructor

IDENTIFYING AND CONTACT INFORMATION

2. Full Name: _____
First
Middle
Family (Last)
3. Social Security Number: _____ 4. Date of Birth (month/day/year): _____
5. Mailing Address: _____
Street
- _____ City State Zip
6. Phone: _____ Email: _____

