

Board of Cosmetology
2515 Warren Ave., Suite 302
Cheyenne, WY 82002; Phone (307) 777-3534
Fax (307)-777-3681

**APPLICATION FOR NEW INDEPENDENT CONTRACTOR LICENSE
(Print or Type In Black Ink)**

1. Independent Contractor licenses expire on August 31st of each year and must be renewed on or before that date, Late renewal fees will be imposed for late license renewals as is stated on the renewal application. **NO REMINDER NOTICES ARE SENT.**
2. An Independent Contractor's license cannot be transferred to another Independent Contractor. A new Independent Contractor must apply for a new license.
3. **If you relocate, you must take your independent contractor license and inspection sheet.**

Return fee of: \$65.00 with this application. Independent Contractors must practice within licensed salon or in accordance with Wyoming Rule, Chapter 9.

Date _____

Type of personal license _____

Your name _____ Social Security # _____ - _____ - _____

Home & Mailing address: _____ City, State, Zip _____

Personal license # _____ Salon license# _____ Phone () _____ (work) () _____ (home)

Cell Phone () _____ E-mail address: _____

At the time of application what Salon are you working in? _____ City _____

The undersigned says that he/she is acknowledging that the foregoing statements are made in good faith and are true in every respect.

Signature of Licensee _____

(If you are the owner of a salon, you do not need an Independent Contractor's license)

To pay with Credit Card please complete the last form.

For Board Use Only:

Date Processed _____

Amount Processed _____

Authorization Code _____

(This information will be shredded after processing) To pay with Credit Card please complete the following form.

A convenience fee of \$4.00 will be charged for credit card use for a total of \$69.00.

WHEN COMPLETING CREDIT CARD INFORMATION USE BLACK INK AND PRINT CLEARLY

Indicate card using:	Card Number _____ CVVC Code _____ (on back of card)
<input type="checkbox"/> VISA	Expiration Date _____ Phone # (307) _____
<input type="checkbox"/> MASTERCARD	Name on Card _____
<input type="checkbox"/> DISCOVER	Billing Address _____
	Signature _____