

126 Chain Lake Drive Halifax, NS B3S 1A2 Telephone: (902) 468-6477 Facsimile: (902) 468-7147

Facsimile: (902) 468-7147 Toll Free: (800) 765-8757 NSCOSMETOLOGY.CA

## APPLICATION FOR MASTER LICENCE

\* Fees associated with master licence application are noted on page 3 herein and are charged in accordance with Association's By-Laws, Schedule B.

Name		
Address		
Telephone No.		
Email Address		
Licence requested:	☐ Master Cosmetologist (Hairdressing)	
	Master Cosmetologist (Esthetics)	
	Licence No.	
Are you currently employed?	☐ Yes ☐ No	
If yes, provide location:		

## Please provide the following information: List your last three years' uninterrupted active work in a registered cosmetology establishment. Provide dates of employment, salon/spa name, location, and supervisor contact name. List at least three approved educational classes (holding full credit) attended for skill training obtained within the last three years. *Copies of certificates for classes* are required. Yes Has your cosmetology licence □ No remained current and active for the last three years? If no, please explain:

** Please note: All two years (from da			uired to upgrade at least once every er Licence.	
Date:		Sign	gnature	
CANS Office Use Only:				
Date Application Recei	ved:			
Appr	roved	Denied		
Date Approved:				
Authorized Signature:			-	
<u>Description</u>	<u>Fee</u>	<u>Paid</u>		
Application/Admin	\$60.00			
Licence	90.00			
			Revised-20	23