

APPLICATION FOR THE REINSTATEMENT OF A LAPSED LICENCE

Please note: Fees applicable to Cosmetology Association applications are noted in, and in accordance with, the Cosmetology Act, 2012, c. 39 at Schedule B. The Association's expired licence policy can be found on the Association's website at www.nscosmetology.ca under the "Licence" tab, as well as in the Cosmetology Act, 2012, c. 39, found under the "About Us" tab.

A Nova Scotia photo ID must be submitted with application along with all required documentation. Any application received without payment and photo ID will not be processed. An incomplete application will expire 10 days post submission without follow-up from the applicant if, after processing and review of the application, it is found and communicated that additional documents are required. Further, all applications expire 30 days following correspondence to the applicant advising of the outcome of the application and, in the case of a successful outcome, without communication from the applicant in response to that same correspondence. **APPLICATION FEES ARE NON-REFUNDABLE.**

Applicant Information:

Name and

Date of Birth:

Address:

Telephone No.:

Email Address:

Reinstatement
licence request
category:

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

**Please note:* Master designation will not be reissued if a licence is in a lapsed state.

Licence No. _____

Date of last expiry
(if known):

December 31st

Year: _____

Are you currently
employed?

☐ Yes ☐ No

If yes, provide
location:

Additional information required:

List your last five years' active and uninterrupted work in a registered cosmetology salon establishment. Dates of employment, salon/spa name, location, and supervisor contact name are required.

EXPIRY DUE TO MEDICAL REASONS (Documentation Required)

If you have not renewed your licence due to personal, health or medical reasons, please indicate the reason below (***all information provided is held in strict confidence***). Attach an additional page if required.

I, the applicant, hereby confirm that the information and documentation provided with my application is provided in compliance with the Cosmetology Association's regulatory requirements under the *Cosmetology Act* and I further confirm that the documentation provided was obtained through valid verifiable and formal or other recognized training or education and has not been reproduced, copied, or altered in any way using fraudulent means or with fraudulent intention. (Providing fraudulent documentation to obtain a regulatory licence constitutes a violation against Provincial laws which may result in the applicant's licence being revoked by the Cosmetology Association and may affect any future eligibility for cosmetology licensing in Nova Scotia.)

Date: _____

Signature

Association Office Use Only:

Date Application Received: _____ Photo ID Received: ☐

Application Fee: _____ Paid ☐

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

Date reviewed: _____

Application Outcome:

☐ Approved ☐ Denied ☐ Independent 3rd Party Assessment Required

Authorized Signature: _____

<u>Description</u>	<u>Fee Required</u>	<u>Paid</u>	
Application	_____	<input type="checkbox"/>	
Admin	_____	<input type="checkbox"/>	
Past Due Late Fees**	_____	<input type="checkbox"/>	<i>*Applicable Years:</i>
Provincial Exam	_____	<input type="checkbox"/>	_____
Infection Control Exam	_____	<input type="checkbox"/>	
By-Law Exam	_____	<input type="checkbox"/>	
Licence Fee (current year)	_____	<input type="checkbox"/>	

*****Tax exempt.***

Effective: August 11, 2025