OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION STATE OF NEW HAMPSHIRE 7 Eagle Square Concord, N.H. 03301 Telephone 603-271-2152

MICROBLADING CERTIFICATE RENEWAL APPLICATION

Applicant Information:

Name:				
First	Middle	Last		
Date of birth (MM/DD/YYYY):	Social	Security Number*:		
	number	LC is required by law to ask will be held confidential by the ws governing child support.	ne OPLC and used	only for enforcement
Microblading Certificate Number:				
Home Mailing Address: Street name & n				
Street name & n	umber or PO Box number	Town/City	State	Zip Code
Home Telephone Number including a	rea code:			
Personal email address:				
Qualification Information:				
License Number of (check one):				
[] Cosmetology License:				
[] Esthetician License:				
Continuing Education:				
Name of CE Provider:				
Address of CE Provider:				
Date(s) CE Completed:				
Total Number of Hours of CE Received	ved:			
Application Attachments:				

The applicant must provide the following with this application:

- Documentation of completion of Continuing Education listed above.
- Application Processing Fee of \$155.00.

If fees are paid by check or money order, the check or money order should be made payable to "Treasurer, State of New Hampshire."

By my signature, I certify that the information and documentation provided are true, complete, and not misleading to the best of my knowledge and belief. I understand that providing information that is false, incomplete, or misleading constitutes grounds for denial, suspension, or revocation of a certificate and potentially subjects me to prosecution under RSA 641 relative to falsification in official matters.

Applicant's Signature:_____