



**North Carolina State Board of Cosmetic Art Examiners  
1201 Front Street, Suite 110  
Raleigh, North Carolina 27609**

**APPLICATION FOR APPROVAL OF A COSMETIC ART SCHOOL**

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Before any student can be accepted for examination by the North Carolina State Board of Cosmetic Art Examiners, the school must be approved by the said Board. The following application must be completed, in full, by the school owner and mailed to the **North Carolina State Board of Cosmetic Art Examiners, 1201 Front Street, Suite 110, Raleigh, NC 27609**. Final inspection by the members of the Board will be made before the school is approved. **(PLEASE PROVIDE A BLUE PRINT OF THE SCHOOL WHEN THE APPLICATION IS SENT TO THE STATE BOARD OFFICE)**

**NOTICE** to the State Board is required **30 days prior** to opening. All equipment should be installed and the school should be ready to open at the time of inspection.

NAME OF SCHOOL \_\_\_\_\_

SCHOOL LOCATION \_\_\_\_\_  
Street City State Zip County

BUSINESS PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL MAILING ADDRESS \_\_\_\_\_  
(If different from location) Street City State Zip

Please check one:  High School  Private School  Community/Technical College

Please check one:  New School/Location  Change in Ownership

Owner: Name \_\_\_\_\_ SS# \_\_\_\_\_

Address

\_\_\_\_\_ Street City State Zip

Manager: Name \_\_\_\_\_ SS# \_\_\_\_\_

Address

\_\_\_\_\_ Street City State Zip

Leased by: Name \_\_\_\_\_ SS# \_\_\_\_\_

Address

\_\_\_\_\_ Street City State Zip

List of name(s), teacher certificate number, and Social Security number, of each instructor who will teach in the beauty school.

Name \_\_\_\_\_ SS# \_\_\_\_\_ Teacher Lic# \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Teacher Lic# \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Teacher Lic# \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Teacher Lic# \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Teacher Lic# \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Teacher Lic# \_\_\_\_\_

If you have more instructors, please list on a separate sheet of paper and attach it to this application.

1. Total number of square feet in the cosmetology school. \_\_\_\_\_

2. Does the school have a unique raised seal identifying the school and physical location ? \_\_\_\_\_

3. Is there a locking file cabinet in the school, for student records? \_\_\_\_\_

**4. RECEPTION AREA**

A. Sign no smaller than 12" x 18" and must read as follows, and in no other way, "Cosmetic Art School - Work Done Exclusively by Students." \_\_\_\_\_

B. Bulletin Board \_\_\_\_\_

**5. DRESSING ROOM**

Are lockers or suitable space provided in the dressing room for each student's wearing apparel? \_\_\_\_\_

**6. CLASSROOMS**

**A. Recitation Room**

1. Total number of square feet in the recitation room. \_\_\_\_\_

2. Total number of students the recitation room can accommodate. \_\_\_\_\_

3. Number of desks or chairs suitable for classroom work. \_\_\_\_\_

4. Total number of chairs suitable for demonstrating cosmetology practices. \_\_\_\_\_

5. Dry erase board \_\_\_\_\_

- Charts with illustrations of skin, bones, muscles, and nerves of the head, neck, feet and hands.

\_\_\_\_\_

**B. Library**

- Standard Dictionary

\_\_\_\_\_

- Medical Dictionary

\_\_\_\_\_

- List other books relative to the cosmetic arts.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- List reference books covering major ethnic cultures in N.C. (Caucasian, Black, Asian, Hispanic.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Bulletin Board**

- One in each classroom.

\_\_\_\_\_

- Copy of Board sanitary rules posted on each bulletin board.

\_\_\_\_\_

**7. BEGINNERS DEPARTMENT**

- A. Separate from the advanced department

\_\_\_\_\_

- B. Conspicuously placed sign, must read "Beginners Department"

\_\_\_\_\_

- C. Equipment

- Total number of manicure tables and stools.

\_\_\_\_\_

- Total number of shampoo bowls and chairs.

\_\_\_\_\_

- Total number of mannequins with hair.

- Thermal styling equipment for the purpose of curling or straightening the hair.

\_\_\_\_\_

- Visual Aids.

\_\_\_\_\_

- Total number of mannequin tables.

\_\_\_\_\_

- Five dozen of cold wave rods for each student in the dept.

\_\_\_\_\_

**8. ADVANCED DEPARTMENT**

- A. Separate from the Beginners Department \_\_\_\_\_
- B. Conspicuously placed sign must read “Advanced Department” \_\_\_\_\_
- C. Cosmetics
  - 1. All containers containing supplies securely covered. \_\_\_\_\_
  - 2. All containers carefully labeled stating contents and instructions for use. \_\_\_\_\_
- D. Equipment
  - 1. Total number of manicure tables and stools. \_\_\_\_\_
  - 2. Total number dryers and chairs. \_\_\_\_\_
  - 3. Total number shampoo bowls and chairs. \_\_\_\_\_
  - 4. Total number dressing tables and styling chairs. \_\_\_\_\_
  - 5. Total number facial chairs. \_\_\_\_\_
  - 6. Thermal styling equipment for the purpose of curling or straightening the hair. \_\_\_\_\_

**9. COMBINED STUDIES**

- A. Equipment
  - 1. Covered containers of sufficient size for the purpose of disinfecting implements. \_\_\_\_\_
  - 2. Covered containers for storage of disinfected implements. \_\_\_\_\_

**10. STUDENT’S PERSONAL SUPPLIES**

- A. Total number per student of each item listed below:
  - 1. Manicure supplies and implements for a complete manicure. \_\_\_\_\_
  - 2. Combs \_\_\_\_\_
  - 3. Brushes \_\_\_\_\_
  - 4. Pin curl clips \_\_\_\_\_
  - 5. Smooth rollers \_\_\_\_\_

6. Hard rubber or nonflammable comb for heat protection used in thermal styling. \_\_\_\_\_
7. Marcel electric curling iron \_\_\_\_\_
8. Razor \_\_\_\_\_
9. Scissors  
    a. tapered \_\_\_\_\_  
    b. straight \_\_\_\_\_
10. Eyebrow tweezer \_\_\_\_\_
11. Tint comb \_\_\_\_\_
12. Blow dryer \_\_\_\_\_
13. Law book - "An Act" \_\_\_\_\_
14. Copy of course curriculum requirements \_\_\_\_\_

**A \$50.00 SCHOOL CERTIFICATE AND A \$10.00 PROCESSING FEE WILL BE COLLECTED UPON APPROVAL OF THE SCHOOL.**

**\$60.00 SCHOOL LICENSE AND PROCESSING FEE RECEIVED:**

Check   
Money Order

**SCHOOL BOND REQUIREMENTS MET:**

Yes

A true/certified copy of your school bond attached.

Yes  No

\_\_\_\_\_  
Board Member

\_\_\_\_\_  
Date Inspected

\_\_\_\_\_  
Signature of Approval

\_\_\_\_\_  
Signature of Disapproval and Date

\_\_\_\_\_  
Reason(s) for Disapproval

\_\_\_\_\_

\_\_\_\_\_  
Signature (Final Verification by School Administrator)

Board Member Remarks: \_\_\_\_\_  
\_\_\_\_\_

School Administrator Remarks: \_\_\_\_\_  
\_\_\_\_\_