



## ***North Carolina Board of Barber and Electrolysis Examiners***

7001 Mail Service Center

Raleigh, North Carolina 27699-7000

Office: (919) 814-0640 | Email: electrolysis@nc.gov | bbee.nc.gov

### **APPLICATION FOR REACTIVATION OF LASER HAIR PRACTITIONER LICENSE**

Dear Applicant,

Thank you for your request for Reactivation of your Laser Hair Practitioner License. This form contains relevant information about how to obtain reactivation in North Carolina.

The requirements for application are pursuant to the statutes, rules, and regulations set forth by the NC General Assembly and the NC Board of Barber and Electrolysis Examiners. Please read the rules and instructions prior to applying.

According to 21 NCAC 19 .0204(c), any laser hair practitioner who has been **inactive for less than five (5) years** and desires to be reactivated must provide written notice (via this application), pay the reactivation fee, and provide proof of competence completion as noted below.

It is the applicant's responsibility to inform the NCBEE of name and/or address changes. Please submit such changes in writing to the address listed above or via email.

Every effort will be taken to process your application in a timely manner. If you have any questions please contact the NCBEE at the information listed above. We look forward to reactivating you in North Carolina.

### **Requirements for Application for Reactivation**

*This is not a comprehensive listing of the rules related to application. Please refer to the rules as noted above.*

- Proof of completion of 10 CEUs within the 12 months preceding application for return to active status in satisfaction of the competency requirement of N.C.G.S. § 86B-59.
- Check or Money Order for **\$150.00** (non-refundable) reactivation fee made payable to: **North Carolina Board of Barber and Electrolysis Examiners**. Returned check fee is \$25.00.
- **An incomplete or partial application will be rejected by the board.**

**NORTH CAROLINA BOARD OF BARBER AND  
ELECTROLYSIS EXAMINERS**

APPLICATION FOR REACTIVATION OF LASER HAIR PRACTITIONER LICENSE

Date \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Business Name \_\_\_\_\_

*(Refers to Laser Hair Business)*

Business Address \_\_\_\_\_

Business City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Describe Business Location \_\_\_\_\_

*(Office, Home, Salon, Other)*

**ATTEST:**

\_\_\_\_\_

*(Signature of Applicant in presence of Notary Public)*

\_\_\_\_\_ Appeared before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_, and has sworn that the above statements are true and without deception.

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_

*(Notary Public Signature)*

*(Month/Year)*

*(Notary Seal)*

APPLICATION FOR REACTIVATION OF LASER HAIR PRACTITIONER LICENSE

Applicant Name: \_\_\_\_\_

**(For Board Use Only)**

License #: \_\_\_\_\_

Reactivation Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

File # \_\_\_\_\_