



P.O. Box 631
Hampden, ME 04444
1-888-375-2020
Fax-207-848-5511
www.dlroope.com

Procedures for Applying for Examination (Closed School Candidates)

The following information will assist you with the necessary procedures for applying for examination:

1. The first 2 pages are the examination application. Please do not send this application to DL Roope Administrations Inc. until after you have received a Verification of Eligibility Form from the Board office. The following steps outline the necessary procedures for obtaining a Verification of Eligibility Form from the Board office.

You must complete and submit the attached request for verification of training hours form to the Georgia State Board of Cosmetology at the following address:

Georgia State Board of Cosmetology
237 Coliseum Drive
Macon, GA 31217

The Board will review your training hours and if you meet the requirements for examination they will mail you a Verification of Eligibility Form.

The Verification of Eligibility Form must be submitted with your application to DL Roope Administrations Inc. at the following address to be scheduled for your examination:

DL Roope Administrations Inc.
Post Office Box 631
Hampden, ME 04444

You MUST include a copy of your High School diploma or GED. Diploma must be in English or translated into English by a Board approved translator. The list of approved translators may be downloaded from our website at www.dlroope.com. You must also include a copy of the original diploma along with the translated version. Diplomas from Correspondence Schools are NOT accepted.

You MUST include 2 – 2x2 instant passport photos with your application to DL Roope Administrations Inc. Photos must be a front view of head and shoulders with a solid background. All other photos will be rejected and will delay scheduling.

You MUST include a colored photocopy of the photo identification that will be presented at the exam site. (Drivers License or State ID)



GEORGIA

APPLICATION

Closed School Candidates
2009 - 2010



It is recommended that you read all of the information contained in the Candidate Information Bulletin (CIB). A CIB may be obtained from your school or visit our web site at www.DLRoope.com

You are required to complete both sides of this application. Please **PRINT** clearly using a ballpoint pen or typewriter. Submit a cashier's check or money order made payable to DL Roope Administrations Inc. **PERSONAL CHECKS WILL NOT BE ACCEPTED AND MAY DELAY SCHEDULING.** Fees are **NOT** refundable or transferable and will be applied to the requested and approved examination week. Examination dates and deadline dates are provided on the back of this application. Applications must be received by 5:00 pm eastern time on or before the deadline date. Applications received after the deadline date will be scheduled based on space availability. If you have missed the deadline date and the requested examination week is full, you will be scheduled for the next available examination week. Candidates will receive an admission letter after the deadline date. Your admission letter will indicate the date and time of your scheduled examination. This will allow approximately 10 days for travel arrangements. *****Please note that DL Roope Administrations Inc. schedules the examinations over 1 - 4 days according to the number of candidates that apply for an examination week.**

If you have a disability and require accommodations in accordance with the Americans with Disabilities Act of 1991, please request the required forms from your school or contact DL Roope Administrations Inc. at 1-888-375-2020. Documentation must be submitted with this application and is subject to approval.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

LAST NAME		FIRST NAME		MI	DATE OF BIRTH
MAILING ADDRESS	APT#	CITY/TOWN	STATE	ZIP CODE	
SOCIAL SECURITY # REQUIRED		HOME PHONE #		WORK PHONE #	
CELL PHONE #	PHOTO IDENTIFICATION # (i.e. Drivers License, Photo ID etc.)		E-MAIL ADDRESS		

*** EXAM WK REQUESTED *** Please do not request or expect a specific day of the Wk.

PLEASE CHECK THE EXAMINATION THAT YOU ARE APPLYING FOR:

- Candidate Examination (Written & Practical) – fee \$89.00**
 - Cosmetologist Cosmetology Instructor
 - Hair Designer Hair Designing Instructor
 - Esthetician Esthetics Instructor
 - Nail Technician Nail Technology Instructor

ATTENTION: PLEASE CHECK ONLY ONE BOX FOR DELIVERY OF YOUR RESULT LETTER:

- Result letter available on DL Roope website.** Result letters will be available to view and print from our website at www.dlroope.com. A message will be posted on the website when they are available.
- Result letter mailed.** If your result letter is mailed to you it will **NOT** be available on our website to view or print.

UNITED STATES VETERANS

- Georgia law (General Provisions Volume 30, Title 43-1-9.(1)(2)(3) provides that veterans meeting certain conditions are eligible for the addition of five or ten percentage points to their examination scores. To qualify, a veteran must have served for a minimum of one year in active duty status and must have served during a period of conflict or war for a minimum of 90 days. The law provides that you may also qualify for veterans' preference points if you were "discharged for injury or illness incurred in [the] line of duty...if [your] disability is rated at 10 percent or above at the time of taking the examination."
- To apply for veterans' preference points, you must send a copy of your DD-214 form and documentation of your disability, if applicable, to the Board office along with your completed application for licensure.

For office use only: Money order # _____ Total Amt. Pd _____ Initials _____ App. _____

O/R _____ Ex Class _____ Ex Area _____ SC# 8888 Wk Req _____ TC _____ Appl. Received Date _____



EXAMINATION DATES AND DEADLINE DATES

PLEASE INDICATE ON THE FRONT OF THIS APPLICATION THE EXAMINATION WEEK THAT YOU ARE REQUESTING.

EXAMINATION WEEKS	~ DEADLINE DATES	EXAMINATION WEEKS	~ DEADLINE DATES	EXAMINATION WEEKS	~ DEADLINE DATES
Wk of Sept 14, 2009	~ Aug 26, 2009	Wk of Feb 22, 2010	~ Feb 3, 2010	Wk of Aug 2, 2010	~ July 15, 2010
Wk of Sept 28, 2009	~ Sept 9, 2009	Wk of Mar 8, 2010	~ Feb 17, 2010	Wk of Aug 16, 2010	~ July 29, 2010
Wk of Oct 5, 2009	~ Sept 16, 2009	Wk of Mar 22, 2010	~ Mar 3, 2010	Wk of Aug 30, 2010	~ Aug 11, 2010
Wk of Oct 19, 2009	~ Sept 30, 2009	Wk of Mar 29, 2010	~ Mar 10, 2010	Wk of Sept 13, 2010	~ Aug 25, 2010
Wk of Nov 2, 2009	~ Oct 14, 2009	Wk of Apr 12, 2010	~ Mar 24, 2010	Wk of Sept 27, 2010	~ Sept 8, 2010
Wk of Nov 16, 2009	~ Oct 28, 2009	Wk of Apr 26, 2010	~ Apr 7, 2010	Wk of Oct 4, 2010	~ Sept 15, 2010
Wk of Nov 30, 2009	~ Nov 11, 2009	Wk of May 10, 2010	~ Apr 21, 2010	Wk of Oct 18, 2010	~ Sept 29, 2010
Wk of Dec 7, 2009	~ Nov 18, 2009	Wk of May 24, 2010	~ May 5, 2010	Wk of Nov 1, 2010	~ Oct 13, 2010
Wk of Dec 14, 2009	~ Nov 24, 2009	Wk of June 7, 2010	~ May 19, 2010	Wk of Nov 15, 2010	~ Oct 27, 2010
Wk of Jan 11, 2010	~ Dec 22, 2009	Wk of June 21, 2010	~ June 2, 2010	Wk of Dec 6, 2010	~ Nov 17, 2010
Wk of Jan 25, 2010	~ Jan 6, 2010	Wk of July 12, 2010	~ June 23, 2010	Wk of Dec 13, 2010	~ Nov 23, 2010
Wk of Feb 8, 2010	~ Jan 20, 2010	Wk of July 19, 2010	~ June 30, 2010		

CLOSED GEORGIA SCHOOL CANDIDATES

CANDIDATES THAT ATTENDED A SCHOOL IN GEORGIA THAT IS NOW CLOSED MUST SUBMIT THE ATTACHED REQUEST FOR VERIFICATION OF TRAINING HOURS FORM TO THE GEORGIA STATE BOARD OF COSMETOLOGY. IF QUALIFIED, THE BOARD WILL MAIL YOU A VERIFICATION OF ELIGIBILITY FORM (VOE). THE VOE MUST BE SUBMITTED WITH THIS APPLICATION TO APPLY TO TAKE THE EXAMINATION.

APPLICATION AUTHORIZATION

I affirm that the applicant named herein is eligible to be scheduled for the written and practical examination in accordance with the requirements established by the Georgia State Board of Cosmetology for examination eligibility. I affirm that all information provided in connection with this application is true to the best of my knowledge and belief. I affirm this with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny, suspend or revoke a license issued by the Georgia State Board of Cosmetology.

I hereby understand that receiving a passing score does not guarantee licensure and that all requirements for licensure must be met as set forth by the Georgia State Board of Cosmetology.

MUST BE SIGNED IN PRESENCE OF NOTARY PUBLIC

APPLICANT SIGNATURE (REQUIRED).....

PHOTO IDENTIFICATION NUMBER (REQUIRED).....DATE OF BIRTH.....

NOTARY PUBLIC EMBOSSE

NOTARY PUBLIC EMBOSSE
OR RUBBER STAMP SEAL STATE OF _____ COUNTY OF _____

SUBSCRIBED AND SWORN BEFORE ME, MONTH _____ DAY _____ YEAR _____

NOTARY PUBLIC SIGNATURE _____ MY COMMISSION EXPIRES _____

NOTARY PUBLIC NAME (TYPED OR PRINTED) _____

THE FOLLOWING INFORMATION IS REQUIRED, YOU WILL NOT BE SCHEDULED UNTIL ALL REQUIRED INFORMATION IS RECEIVED:

ALL APPLICANTS MUST INCLUDE A LETTER FROM THE BOARD OFFICE VERIFYING TRAINING HOURS (VOE).

ALL APPLICANTS MUST INCLUDE A COPY OF HIGH SCHOOL DIPLOMA, HIGH SCHOOL TRANSCRIPT OR GED. DIPLOMAS FROM CORRESPONDENCE SCHOOLS ARE NOT ACCEPTED. FOREIGN DOCUMENTS MUST BE TRANSLATED INTO ENGLISH BY A BOARD APPROVED TRANSLATOR. PLEASE REFER TO THE BOARD APPROVED TRANSLATOR LIST.

ALL APPLICANTS MUST ATTACH A COLORED PHOTOCOPY OF THEIR CURRENT GOVERNMENT ISSUED PHOTO IDENTIFICATION THAT WILL BE PRESENTED AT THE EXAM SITE. (Drivers License or State ID)

ALL APPLICANTS MUST ATTACH TWO – 2X2 INSTANT PASSPORT PHOTOS TO THIS APPLICATION. PHOTOS MUST BE A FRONT VIEW OF HEAD AND SHOULDERS WITH A SOLID BACKGROUND. ALL OTHER PHOTOS WILL BE REJECTED AND WILL DELAY SCHEDULING.

FOR REGULAR MAIL DELIVERY (ALLOW 2- 5 DAYS):

DL Roope Administrations Inc.
P.O. Box 631
Hamptden, ME 04444-0631

FOR OVERNIGHT DELIVERY:

DL Roope Administrations Inc.
50 Dave's Way
Hermon, ME 04401

Toll free: 888-375-2020
Website: www.DLRoope.com

FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt # _____



FOR BOARD USE ONLY
Certificate Number _____
Date Issued _____
Applicant No. _____

Georgia State Board of Cosmetology
237 Coliseum Drive
Macon, GA 31217
478-207-2440

Request for Verification of Training Hours
\$25 Non-refundable Processing Fee Per Request

School Hours

Apprenticeship Hours

Name: _____ SS#: _____

Date of Birth: _____ Phone: _____

Mailing Address: _____

Email Address: _____

➤ **School Information (Use this form only if the school is closed. If the school is still in business, contact the school for your transcript.)**

Name of School: _____

Address of School: _____

Dates enrolled: _____ through _____
(month/year) (month/year)

Student's Name: _____
(Your name when enrolled in the above school.)

➤ **Apprenticeship Information**

Name of Salon: _____

Address of Salon: _____

Dates Apprenticeship: _____ through _____
(month/year) (month/year)

Apprentice Lic. # _____ Apprenticeship License type: _____

Mail hours to: _____

Signature: _____ Date: _____