

# Secretary of State

Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
478.207.2440

## GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS Continuing Education Exemption Request Form

NAME OF LICENSEE: \_\_\_\_\_

NAME ON LICENSE (If different from above): \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ ORIGINAL DATE ISSUED: \_\_\_\_\_

I am requesting an exemption from the continuing education requirements required for license renewal by O.C.G.A. § 43-10-10(j) based on the following:

### Please check one:

\_\_\_\_\_ 1. I have held a license for **25 years or more** and have enclosed documentation of this fact (if 25 years is based on years licensed in another state/country, please attach documentation verifying years of licensure from that state/country).

I am experiencing a **hardship** based on the following: (check the one that applies)

\_\_\_\_\_ 2. **Age\*** (Please attach documentation of your age such as a copy of your driver's license, birth certificate, passport, etc.);

\_\_\_\_\_ 3. **Permanent Disability \***(Please provide documented proof of permanent disability such as a copy of the SSI and/or SSDI, DD214 award letters.

\_\_\_\_\_ 4. **Illness or Temporary Disability/Illness (medical or otherwise) \*** (Please provide a letter from the physician specialist stating the disability or illness, anticipated duration and physical or mental limitation(s));

\_\_\_\_\_ 5. **Other circumstances--\*** (Please include a description of your hardship and attach any supporting documentation.)

\* In compliance with O.C.G.A. § 43-10-10(j) and Rule 130-2-.12, I hereby swear or affirm that the facts supporting my request for an exemption indicated above, and any supporting documentation, is true and accurate. I also acknowledge that granting of this exemption is determined by the Board on a case-by-case basis in accordance with any applicable laws and rules.

\_\_\_\_\_  
NAME OF LICENSEE (sign and date)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_, 20\_\_\_\_.