



**RETEST RECERTIFICATION APPLICATION**  
**PRINT IN BLOCK LETTERS**

NCEA RECERTIFICATION CANDIDATE NAME:		
CERTIFICATION ID		EXPIRATION DATE:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

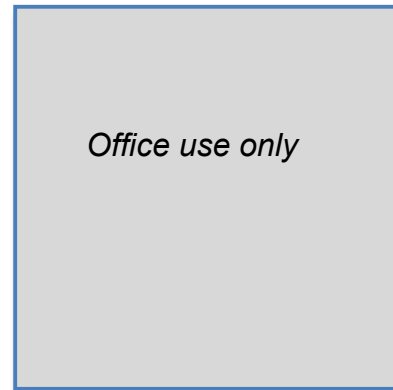
City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ + 4 \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

Web: \_\_\_\_\_

Tel Day: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_



**1. Candidate must have one of the following:**

- a) Current ESTHETICIAN LICENSE (attach copy)
- b) Current COSMETOLOGY LICENSE (attach copy)
- c) LICENSED PROFESSIONAL (attach copy)
- d) OTHER PROFESSIONAL with *Employer Recommendation*

2. Current CPR/AED/First Aid Certification. (attach copy)

3. Current NCEA Individual Membership Certificate. (attach copy)

4. NCEA Certified Credential Certificate. (attach copy)

5. Current Proof of Insurance Certificate.\* (attach copy)

\* Not currently working with clients? Attach *Statement of Professional Insurance*

6. Two (2) passport size professional photos. [Print your full name on back of both photos.](#)

7. Check made payable to NCEA Certified in the amount of \$375.00 or Amex/Visa/MasterCard

Card# \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CANDIDATE AUTHORIZATION STATEMENT:**

I authorize a review and verification of the enclosed documentation. I understand that I will receive my Authorization to Test (ATT) email, *only* if my records are complete.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail your completed application with documents to:**

**NCEA Records Verification, 484 Spring Avenue, Ridgewood, NJ 07450-4624**