



CANDIDATE APPLICATION

Type Candidate Application, scan with supporting documents.

Email to: applications@NCEACertified.org

FULL LEGAL NAME: (As is appears on your license)

ADDRESS:

CITY:

STATE:

ZIP:

+4

EMAIL:

CELL NUMBER:

- 1. Current Esthetician/Cosmetologist/Other License/Employer Recommendation
- 2. Current CPR/AED/First Aid Certificate
- 3. Current Proof of Insurance Certificate
- 4.
- 5. Proof of Purchase (attach receipt)

Attach passport-sized photo here

OR

Attach holographic decal here

CANDIDATE AUTHORIZATION STATEMENT:

I authorize a review and verification of my application. I understand that I will receive my Authorization to Test (ATT) email, **only** if my application is complete with supporting documents.

SIGNATURE _____ DATE _____