



THE OHIO STATE BOARD OF COSMETOLOGY

1929 GATEWAY CIRCLE GROVE CITY, OHIO 43123
(614) 466-3834 & FAX: (614) 644-6880 WWW.COS.OHIO.GOV

JOHN R. KASICH, GOVERNOR
JAMES P. TRAKAS, EXECUTIVE DIRECTOR

Chemical, Equipment and Service Approval Request

This form is intended for the Ohio State Board of Cosmetology to review and approve new chemicals, equipment or services which are not currently approved by the Board.

Please complete and mail this form and along with a copy of all documentation, warranty and information related to the chemical(s), equipment or service(s) to:

Ohio State Board of Cosmetology
Attn: Sonja Roe
1929 Gateway Circle
Grove City, Ohio 43123

Once the information has been reviewed you will receive notice of approval or disapproval. Approval notices must be readily available during per request of any representative of the Ohio State Board of Cosmetology.

Contact Information:

Name: _____ Board ID Number: _____

Salon Name: _____ Salon ID Number: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

1. Provide a detailed description of the chemical(s), equipment or service(s) and intended use in your facility:

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| 2. Does the Manufacturer require and or provide training? | YES | NO |
| 3. Is a Certificate provided once trainin is completed? | YES | NO |
| 4. Has the Food and Drug Administration or any other Federal, State or Local regulatory authority reviewed this chemical(s), equipment or service(s)? | YES | NO |

Please allow up to thirty (30) days to receive approval on this chemical(s), equipment or service(s). As a reminder, this chemical(s), equipment or service(s) cannot be offered in your salon or facility until you have received approval from the Ohio State Board of Cosmetology.

Board Review Date: _____
Approved: _____ Denied: _____
Reason: _____