

BEFORE THE IOWA APPLICATION & RENEWAL BUREAU

Name: _____

Date of Birth (MM/DD/YYYY): _____

Mailing Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Email: _____,

PETITIONER.

**PETITION FOR DETERMINATION OF
ELIGIBILITY FOR LICENSURE**

Case No. _____
(Office Use Only)

COMES NOW _____ and
Last Name, First Name Middle Name

seeks a determination by this Board as to whether the following offenses, for which Petitioner has been convicted by a court of law, disqualify Petitioner for licensure/registration as a _____ Profession by the Application & Renewal Bureau.

Petitioner: Fill in the information below about each conviction for which you are seeking an eligibility determination by the Board. Include additional sheets if necessary. Pursuant to Iowa Administrative Code rule, you must also include with this Petition the following information and documentation for **each** conviction listed below:

1. The criminal complaint and judgment of conviction for each offense;
2. A personal statement regarding whether each conviction directly relates to the duties and responsibilities of a cosmetologist and why the Board should deem Petitioner rehabilitated; and
3. All evidence of rehabilitation that Petitioner wishes the Board to consider. Including evidence of the following: mitigating circumstances or social conditions surrounding the commission of the offense, any treatment undertaken, a certificate of employability, letters of reference, and any other relevant evidence of rehabilitation and present fitness to practice.

You must also include with this Petition the payment of a nonrefundable \$25 fee by cash or check payable to Iowa Application & Renewal Bureau.

Conviction 1:

Case Number: _____ Federal or State crime? ☐ Federal ☐ State

State & County of conviction: _____ Date of conviction: _____
(MM / DD / YYYY)

Name of offense: _____

Sentence: _____

Conviction 2:Case Number: _____ Federal or State Crime? ☐ Federal ☐ StateState & County of conviction: _____ Date of conviction: _____
(MM / DD / YYYY)

Name of offense: _____

Sentence: _____

Conviction 3:Case Number: _____ Federal or State Crime? ☐ Federal ☐ StateState & County of conviction: _____ Date of conviction: _____
(MM / DD / YYYY)

Name of offense: _____

Sentence: _____

Conviction 4:Case Number: _____ Federal or State Crime? ☐ Federal ☐ StateState & County of conviction: _____ Date of conviction: _____
(MM / DD / YYYY)

Name of offense: _____

Sentence: _____

Conviction 5:Case Number: _____ Federal or State Crime? ☐ Federal ☐ StateState & County of conviction: _____ Date of conviction: _____
(MM / DD / YYYY)

Name of offense: _____

Sentence: _____

ATTESTATION: I swear or affirm under penalty of perjury that this form and the associated documentation provided are true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____

Print Name: _____