



## Illinois Department of Financial and Professional Regulation

### Division of Professional Regulation

### Cosmetology License Reinstatement Information

Note: This information is applicable to cosmetology licenses that expired on September 30, 2019. This reference document is provided as a guide and does not override any provision of THE BARBER, COSMETOLOGY, ESTHETICS, HAIR BRAIDING, AND NAIL TECHNOLOGY ACT OF 1985 or RULES. If you have additional questions, please contact the IDFPR call center at: 1-800-560-6420.

To reinstate an expired license please provide the following:

1. A signed and dated statement (or use the page provided below) indicating that you wish to reinstate your cosmetology license to active status. The statement must include the following:
  - Full name (first, middle, last);
  - Illinois cosmetology license number. If unknown, please provide your Social Security number;
  - Current mailing address (street, city, state, zip code) of record;
  - Daytime telephone number;
  - Current email address;
  
2. Documentation of continuing education (14 hours that includes 7 live and no more than 7 online) in accordance with THE BARBER, COSMETOLOGY, ESTHETICS, HAIR BRAIDING, AND NAIL TECHNOLOGY RULES Section 1175.1210 (e). Continuing Education shall be earned within the 2 years immediately preceding reinstatement. Effective January 1, 2017, a new law requires a one-hour, one-time Continuing Education (CE) course on Domestic Violence for all cosmetologists. This CE requirement is included in the 14 hour CE requirement. The 1-hour domestic violence and sexual assault awareness education course shall be presented in a classroom setting or in an online classroom presentation.
  - a. If this is the first renewal for an applicant, the CE requirement is waived.
  
3. The Department cannot process your license reinstatement without your statement of Child Support. Please provide **one** of the following signed statements.
  - I am NOT more than 30 days delinquent in complying with a child support order;
  - I am not currently under any child support order;
  - I am MORE than 30 days delinquent in complying with a child support order. If you make this statement, you MUST contact the Enforcement Division at 217-524-8196 to discuss BEFORE your reinstatement can be completed.
  
4. Fee – After September 30, 2019, the fee to reinstate an expired cosmetology license is \$150.00. \* Please make check payable to IDFPR or the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION. Please send only a personal check, cashier's check, or money order. Your license number must be written in the memo line of the check or money order.
  
5. Mail all required documentation and fee payment to:

Department of Financial and Professional Regulation  
Division of Professional Regulation  
POST OFFICE BOX 7450  
Springfield, IL 62791-7450

\* This fee reflects newly-expired licenses only. Reinstatement fees increase every renewal cycle. Refer to the Renewal Chart to see what the fees are for licenses that have been expired over 2 years.



**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

**PLEASE PRINT**

LICENSE NO: \_\_\_\_\_

SSN (LAST FOUR ONLY): \_\_\_\_\_

**CHECK APPROPRIATE STATEMENT BELOW:**

Are you more than 30 days delinquent in complying with a child support order? (Note: If you are not subject to a child support order, answer "No.")

\_\_\_\_\_ NO                      \_\_\_\_\_ YES

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_ CHECK HERE IF NAME OR ADDRESS CHANGE (NAME MUST BE ACCOMPANIED BY DOCUMENTARY PROOF.)

**APPLICATIONS NOT SIGNED AND/OR INCOMPLETE WILL BE RETURNED.**

I understand if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. I also understand the FEES ARE NOT REFUNDABLE. Therefore, I declare that I have examined this form and, to the best of my knowledge, all statements are true, correct and complete.

SIGNATURE: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee, but in no event shall such reduction be made in an amount greater than \$50.

**INCOMPLETE RENEWALS:** An incomplete renewal will be returned to you for proper completion. This will result in a substantial delay in renewing your license to practice. We cannot process your renewal by mail without the following:

- Your renewal must be signed.
- A signed check or money order must be enclosed.
- You must answer the child support question.

If you have changed your name, you must enclose proof of a name change. Proof can be any one of the following: Marriage Certificate, Divorce Decree, Court Order.

SEND TO:

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION  
POST OFFICE BOX 7450  
SPRINGFIELD, IL 62791-7450