

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

December 28, 2020

Dear:

This is the signature page relating to your application. You requested to Add or Delete A Partner or Partners, therefore, all affected partners must sign immediately below. If the school is owned by a corporation, include a copy of the certificate of incorporation and provide a list of all corporate officers with their names and titles. Use additional pages if necessary.

<i>Partner/Owner Name (print name)</i>	<i>Partner/Owner Title (print title)</i>	<i>Partner/Owner Signature</i>	<i>Add / Delete (mark w/an "x")</i>
1. _____	_____	_____	____ / ____
2. _____	_____	_____	____ / ____
3. _____	_____	_____	____ / ____

*(Use additional copies of this page, if there are more than three (3) partners being added or deleted.)*

*All Owners **must** sign this section (does not apply to Deleted Partner/Owners):*

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

I further understand that if a bureau inspector determines that I have not correctly answered any questions provided within this application or if my salon does not meet all requirements for licensure, authority to operate will not be given at the time of inspection and I will be responsible for all applicable re-inspection fees.

OWNER/OFFICER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER/OFFICER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER/OFFICER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: You must upload this page to your change application. Failure to do so will delay processing of your application.**