



TRANSFER REQUEST FORM - TYPE OF REGISTRATION

Name: _____

Address: _____

Contact Details: Home: _____ Work: _____

Mobile: _____ Email: _____

Salon Name: _____

I am currently registered as a:

Principal

Employee

And would like to transfer to a:

Principal

Employee

- **I am aware that I will receive an invoice for the difference in the registration fee (if applicable), transfer fee and a certificate fee, upon my request being received by the Board. Once payment has been received I will receive a new certificate for my requested type of registration.**

Transfer Fee \$13.80

Certificate Fee \$13.80

Registration Fee \$calculated on a pro-rata basis

Signed: _____ Dated: _____