



Department of Public Health & Social Services
GUAM BOARD OF BARBERING AND COSMETOLOGY
 194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213
 Hagåtña, Guam 96910
 Website: <https://guamhplc.org/gbbc>
 Contact No.: (671) 735-7404/07-12

APPLICATION FOR APPRENTICE CHECKLIST

Cosmetologist Apprentice
 Manicurist Apprentice
 Barber/Barber Stylist Apprentice
 Esthetician Apprentice

Name of Applicant: _____

1. ___ Completed Application
2. ___ One (1) 2" x 2" Photo (must be within 90 days and white background, signed and dated on the back)
3. ___ Copy of Photo ID with date of birth or Certified Copy of Birth Certificate
4. ___ Three (3) original letters of reference of good moral character addressed to the Guam Board of Barbering and Cosmetology (GBBC) containing the completed legal name of the individual making the reference, with their mailing address, place of employment and telephone numbers. Original letters must be signed.
5. ___ Original Police Clearance (from all places of residence within the last twelve (12) months)
6. ___ Payment Fee of \$20.00
 (#1 on the Record of Payment. Payments can be made online at: <https://guamhplc.org/gbbc/pay>)
7. ___ Agreement to Supervise Apprentice
8. ___ Must be over sixteen (16) years of age
9. ___ Completed technical instructions with minimum completed hours in a Board Approved school.

Cosmetologist	1,600 Hours
Barber/Barber Stylist	1,600 Hours
Manicurist	400 Hours
Esthetician	600 Hours of 1,300 Hours

NOTE: Must Apply for Examination in order to Apply for Apprentice

Board Member	Action	Signature	Date	Comments
Chairperson	Approved / Conditionally Approved / Disapproved / Tabled			
Vice Chairperson	Approved / Conditionally Approved / Disapproved / Tabled			
Secretary	Approved / Conditionally Approved / Disapproved / Tabled			
Treasurer	Approved / Conditionally Approved / Disapproved / Tabled			
Member	Approved / Conditionally Approved / Disapproved / Tabled			



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APPLICATION FOR APPRENTICE

Incomplete Applications will NOT be Processed.

CHECK THE BOX FOR THE TYPE OF LICENSE YOU ARE APPLYING FOR	
<input type="checkbox"/> COSMETOLOGIST APPRENTICE	<input type="checkbox"/> MANICURIST APPRENTICE
<input type="checkbox"/> BARBER/BARBER STYLIST APPRENTICE	<input type="checkbox"/> ESTHETICIAN APPRENTICE
Full Legal Name: (Last, First, Middle)	
Mailing Address:	
Date of Birth:	Social Security Number:
Contact Number:	Email Address:
List any Cosmetologist/Barber License(s) held, where obtained and expiration date(s):	
Name and Address of High School:	Date of Graduation:
List any Formal Education/Training. Including Address and Certificates Obtained:	
List any Work Experience you Wish to be considered in the Field of Cosmetology	
Name of Salon:	Address of Salon:
Hours Worked:	Name of Supervisor:
Place of Intended Employment:	
Have you ever been arrested for, charged for, or convicted of any violation of the Cosmetology/Barber Law? ___ No ___ Yes	
If yes, please explain: _____	
Has any prior Cosmetologist/Barber etc., License been suspended or revoked? ___ No ___ Yes	
If yes, please explain: _____	

I DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Signature _____ Date

Subscribes and sworn to before me this _____ day of _____, 20____

SEAL

Notary Public



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AGREEMENT TO SUPERVISE APPRENTICE

The applicant below is applying for certificate to practice as an APPRENTICE in Guam. Please provide the following information and return directly to the Board at the above address. Public law 30-152, Section 18121 state: “An apprentice may do any or all of the acts for which the apprentice is licensed only in the licensed cosmetological establishment and under supervision and employment of a license approved by the Board.”

SECTION A: TO BE COMPLETED BY THE APPLICANT

Full Name: _____

Former Name (if applicable): _____

I hereby authorize release of information to the Guam Board of Barbering and Cosmetology relative to certification as an apprentice.

Signature Date

SECTION B: TO BE COMPLETED BY THE SUPERVISOR

1. Name of Supervisor: _____

License Number: _____

Mailing Address: _____

2. Name of Cosmetological Establishment: _____

Establishment License Number: BOC _____

Physical Address: _____

I hereby **agree** to assume **responsibility** for the **supervision** of the above named individual and will **notify** the Board of my desire to **discontinue** such supervision.

Signature Date



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RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____

Mailing Address: _____

Signature: _____ Date: _____

II. VERIFICATION OF LICENSURE: Print the full name used on original license & your social security number.

Name: _____ SS#: _____

III. FEES: Pursuant to P.L. 25-188, Section 18127, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and penalties, as appropriate, in accordance with the Administrative Adjudication Law.

Please make all checks or money orders payable to **TREASURER OF GUAM**.

Online payments can be made at <https://guamhplo.org/gbbc/pay> (additional 5% convenience fee).

All fees are **NON-REFUNDABLE**.

Please check your request(s):

- | | | |
|--------------------------|--|-----------|
| <input type="checkbox"/> | 1. Examination & Regulations as a Cosmetologist, Electrologist, Manicurist, or Esthetician | \$ 20.00 |
| <input type="checkbox"/> | 2. Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician | \$ 10.00 |
| <input type="checkbox"/> | 3. Examination and Registration as an Instructor | \$ 20.00 |
| <input type="checkbox"/> | 4. Re-Examination and Registration for an Instructor | \$ 10.00 |
| <input type="checkbox"/> | 5. Renewal of Certificates | \$ 4.00 |
| <input type="checkbox"/> | 6. Cosmetological Establishment License and Certificate | \$ 20.00 |
| <input type="checkbox"/> | 7. Renewal of Cosmetology Establishment License | \$ 4.00 |
| <input type="checkbox"/> | 8. School of Cosmetology License and Certificate | \$ 100.00 |
| <input type="checkbox"/> | 9. Renewal of School of Cosmetology License and Certificate | \$ 25.00 |
| <input type="checkbox"/> | 10. Photocopy of record per page | \$ 1.00 |
| <input type="checkbox"/> | 11. Initial Application Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1) | \$ 200.00 |
| <input type="checkbox"/> | 12. Annual Special License Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1) | \$ 800.00 |
| <input type="checkbox"/> | 13. Late Renewal Fee | \$ 20.00 |

FOR OFFICE USE ONLY: Payment Check Money Order Cash Credit Card

Field Receipt #: _____ **Date Paid:** _____

Account #: 324156347 / 5211339