



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://guamhplo.org/gbbc>  
 Contact No.: (671) 735-7404/07-12

## APPLICATION FOR RE-EXAMINATION CHECKLIST

COSMETOLOGIST   
  MANICURIST   
  BARBER/BARBER STYLIST   
  ESTHETICIAN   
  INSTRUCTOR

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. \_\_\_ Original Police Clearance (Within the last 12 months)
4. \_\_\_ Payment Fee of \$10.00  
 (#2 on the Record of Payment. Payments can be made Online at <https://guamhplo.org/gbbc/pay>)

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



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**APPLICATION FOR RE-EXAMINATION**

Incomplete Applications will NOT be Processed.

Check the box you for the type of license you are applying for.

COSMETOLOGIST     MANICURIST     BARBER/BARBER STYLIST     ESTHETICIAN     INSTRUCTOR

**SECTION A: APPLICANT INFORMATION**

1. Full Name: _____
2. Mailing Address: _____
3. Email Address: _____
4. Date of Birth: _____
5. Social Security No.: _____
6. Contact No.: _____

**SECTION B: EXAMINATION INFORMATION**

Please check mark the exam you are applying for:		
<input type="checkbox"/> Written	<input type="checkbox"/> Practical	<input type="checkbox"/> Written and Practical
Date of last exam taken: _____		
How many times have you taken the exam? _____		

Since your last application, have you been convicted of, or plead no contest to a violation of any law of the United States, in any state, local jurisdiction, or any foreign country?  No  Yes

If yes, please provide an explanation that includes the type of violation, date, circumstances and location, and the complete penalty received.

\_\_\_\_\_

\_\_\_\_\_

If it has been **over a year** since the submission of your initial application for examination, please **attach a current police clearance** with the application.

**I certify under penalty of perjury under the laws of the Territory of Guam that all statements furnished in connection with this application are true and accurate.**

\_\_\_\_\_  
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