



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 RECIPROCITY CHECKLIST

Cosmetologist
 Manicurist
 Barber/Barber Stylist
 Esthetician
 Instructor

Name of Applicant: _____

1. ___ Completed and Notarized 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 (Payments can be made Online at <https://guamhplo.org/gbbc/pay>)
7. ___ Verification from Original State of Licensure (Sent directly from Licensing Board)
8. ___ Current Copy of License

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 RECIPROCITY

Incomplete Applications will NOT be Processed.

CHECK THE BOX FOR THE TYPE OF LICENSE YOU ARE APPLYING FOR				
<input type="checkbox"/> COSMETOLOGIST	<input type="checkbox"/> MANICURIST	<input type="checkbox"/> BARBER/BARBER STYLIST	<input type="checkbox"/> ESTHETICIAN	<input type="checkbox"/> INSTRUCTOR
Reciprocity				
<p>The Board shall grant a license without examination to practice to an out of state applicant. If the applicant submits:</p> <p>a. A completed application form with all fees required by the Guam Board of Barbering and Cosmetology.</p> <p>b. Proof that the applicant has passed the NIC Nationally Standardized Theory and Practical.</p> <p>c. Verification of licensure issued by another State to practice that meets all of the following:</p> <ol style="list-style-type: none"> 1. It is not revoked, suspended, or otherwise restricted. 2. It is in good standing. 3. It has been active for two of the last five years, during the time the applicant has not been subject to disciplinary action or a criminal conviction. <p>IF YOU QUALIFY AS STATED ABOVE, COMPLETE THE APPLICATION FOR RECIPROCITY</p>				

1. Full Legal Name: _____
2. Date of Birth: _____
3. Social Security Number: _____
4. Mailing Address: _____
5. Email Address: _____
6. Contact Number: _____
7. Name of Cosmetology School Attended: _____
8. Cosmetology School Address: _____
9. Enrollment Date: _____ Graduation Date: _____
10. Current Licensing State Board: _____
11. License No. Issued: _____ Issued Date: _____ Expiration Date: _____

Affidavit: To be sworn before an officer authorized to administer oaths by the applicant who has completed this form and applying on Guam for licensure by reciprocity.

Applicant's Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC: _____
 COMMISSION EXPIRES: _____

NOTARY PUBLIC SEAL

DATE



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VERIFICATION FORM

SECTION A: To be completed by the applicant and forwarded to appropriate Licensing Board			
Name of Licensee: (Last, First, Middle)			
Previous Name(s):			
Date of Birth:	Social Security No.:	Current License No.:	State License Issued:
Name as it appears on Original License: (Last, First, Middle)			Date License Initially Issued:
I hereby authorize the Board of Cosmetology to release my license data to the Guam Board of Barbering and Cosmetology.			
_____		_____	
Signature of Applicant		Date	
SECTION B: To be completed by Licensing Board and forwarded to the Guam Board of Barbering and Cosmetology.			
This is to certify that the above named individual was issued:			
Type of License:	License Number:	Date License Issued:	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Expiration Date:		
If licensed by examination, did the licensee participate and successfully pass the National Interstate Council of State Boards of Cosmetology (NIC) Theory and Practical Examinations?			<input type="checkbox"/> No <input type="checkbox"/> Yes
Has the license ever been encumbered, denied, revoked, suspended, surrendered, limited, or placed on probation? If yes, please attach documentation.			<input type="checkbox"/> No <input type="checkbox"/> Yes
Name and Address of Cosmetology School Attended: _____ _____			
The above named applicant started program on _____ from _____ to _____ for a total of _____ hours			
BOARD SEAL		_____	
		Name of Official Completing this Form	

		Title	

		Signature	

		Date	
NOTE: This form must be returned directly to the Guam Board of Barbering and Cosmetology by the State agency completing this form. This form will not be accepted from the licensee.			



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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://guamplo.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