



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://guamhpl.org/gbbc>

Contact No.: (671) 735-7404/07-12

APPLICATION FOR SPECIAL JAPANESE LICENSE CHECKLIST

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 \$200.00 for Initial Application and \$800.00 for Annual Special License (#11 & #12 on the Record of Payment. Payments can be made Online at <https://guamhpl.org/gbbc/pay>)
7. Must be over sixteen (16) years of age
8. Completed technical instructions, **a minimum of 1,600 hours in a school term of at least nine (9) months**, detailing the subject and hours of training.

For Out of Country Graduates: Request for “GENERAL EVALUATION” from:

AEQUO International
 150 4th Ave. N. Suite 850
 Nashville, TN 37219
 Telephone No.: 844-882-3786
 Email: info@aequointernational.com
 Website: <https://nasba.tfaforms.net/327178>

Upon completion of your evaluation, AEQUO Internation will send the report directly to the Health Professional Licensing Office / GBBC and will forward a copy to you for your records.

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 SPECIAL JAPANESE LICENSE

Incomplete Applications will NOT be Processed.

SECTION A: APPLICANT INFORMATION: (The Name on your application MUST match the name on your government issued identification)			
Social Security:		Date of Birth: Month: Day: Year:	
Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	Zip Code:
Contact Number:		Email Address:	
SECTION B: QUALIFICATIONS: Choose One			
Guam Students			
	I graduated from a Guam Board approved school. The proof of Education Document and Transcript will be transmitted directly from the school.		
Out of State / Out of Country Students			
	I completed my school in another State but did not receive a license. (Please have your school complete form B "OUT OF STATE APPLICANT SCHOOL TRAINING RECORD" with transcripts mailed directly to the Guam Board of Barbering and Cosmetology Office.)		
	I went to school and/or held a license in another country, and I have requested an Evaluation Service to evaluate my credentials and send my report directly to the Guam Board of Barbering and Cosmetology Office.		
	I hold a current license in another state; it has been active for more than 2 years. I have requested the State with which I hold a current license to send a verification of Licensure directly to the Guam Board of Barbering and Cosmetology Office.		



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SECTION C: BACKGROUND INFORMATION

1. Have you ever been convicted of, or pled 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 answer the following. Attach additional pages if needed.

Date of Conviction(s):

Type of Violation(s):

Court(s) Where Conviction(s) Occurred:

Penalties Received:

Additional Details:

Include copies of arrest records, court documents, verification of restitution received by the court and verification of successful completion of probation. A letter from you describing the underlying circumstances or arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems. Include all misdemeanor and felony convictions, regardless of the age of conviction, including those which have been set aside and/or dismissed under Guam Law. (Traffic violation of \$500.00 or less need to be reported).

2. Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other government authority in this territory or any foreign country?

No Yes

If yes, please attach an explanation that includes the license type, the action taken, by which state, and the date. Also include a copy of the administrative action, and if applicable, copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation.

3. Do you hold or have held any additional license issued by the Guam Board of Barbering and Cosmetology?

No Yes

If yes, please provide license type(s), number(s), and date(s) issued: _____

SECTION D: APPLICANT CERTIFICATION

I certify that I have read and understand the laws and regulations pertaining to the profession in Guam. I certify under the penalty of perjury under the laws of Territory of Guam all statements furnished in connections with this application are true and accurate.

Signature of Applicant

Date



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FORM B – OUT OF STATE SCHOOL TRAINING RECORD

Complete this form **ONLY** if you did not become licensed in the State in which you received your training. Mail this form to the school you attended. Request for the school to complete this form and mail it **directly** to the Guam Board of Barbering and Cosmetology.

SECTION A: APPLICANT INFORMATION			
Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	Zip Code:
Social Security Number:		Date of Birth: (MM/DD/YYYY)	
SECTION B: SCHOOL INFORMATION			
Name of School:			
Address:	City:	State:	Zip Code:
School is Licensed by:	License Number:	License Expiration Date:	
School Contact Name:	Telephone Number:	Email Address:	
<p>Student's Training Information:</p> <p>1. Training Category (check all applicable boxes):</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> Barbering</div> <div style="text-align: center;"><input type="checkbox"/> Esthetics (Skin Care Only)</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> Cosmetology</div> <div style="text-align: center;"><input type="checkbox"/> Manicuring (Nail Care Only)</div> </div> <p>2. Total Hours Completed: _____</p> <p>3. Enrollment Date: _____</p> <p>4. Completion/Withdrawal Date: _____</p> <p>Attach a transcript that shows the number of hours completed in each subject area as required by Guam P.L. 30-152 Barbering and Cosmetology Act of 2010.</p>			
<p>I certify under penalty of perjury under the laws of the Territory of Guam that the foregoing is true and correct.</p>			
_____	_____	_____	
Authorized Signature of School Official	Print Name of Authorized Personnel	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