

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.: 671-735-7408

APPLICATION FOR APPRENTICE CHECKLIST

_	_COSM	ETOLOGISTMANICURISTBARBERESTHETICIANINSTRUCTOR					
Na Da	me of te App	Applicant:					
1.		Completed and Notarized Application					
2.		Two (2) 2 ½" x 2 ½" Photos (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 GBBC Board containing the complete legal name of the individual making the reference, with their mailing address, residential address, place of employment and telephone numbers. Original letters must be signed.					
5.		Original Police Clearance (Within the last 12 months)					
6.		Agreement to Supervise					
7.		Payment Fee of \$20.00					
8.		Must be over sixteen (16) years of age					
9.		Completed technical instruction of 1,600 hours in barbering and 1,600 hours in cosmetology, and minimum number of practical operations for each subject as specified in BOARD REGULATIONS for courses taught in schools approved by the Board.					

NOTE: Official Transcripts must be mailed directly from the school to our office

Board Member Signature	Action	Date	Comments
	Approved / Disapproved		



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APPLICATION FOR APPRENTICE

INST	RUCTIONS: Please check mark one of the	e following	g:						
	Cosmetologist Apprentice Manicuris		t Apprentice	Barber Apprentice (No Chemicals)					
	Esthetician Apprentice Instruction Ap		n Apprentice						
Pleas	se print in black or blue ink only: INCOM	PLETE AI	PPLICATION WIL	LL NOT BE PROCESSED					
1.	Full Legal Name:								
2.	Other Names, if any:								
3.	Residential Address:								
4.	Mailing Address:								
5.	Email Address:			_					
6.	Place of Birth:		Date of Birth:						
7.	Social Security No.:		_ No. of Years of	n Guam:					
8.	Home Phone #:	Work #:		Cell #:					
9.	List any Cosmetologist/Barber Licens	se(s) held,		d expiration date(s)					
Α.			B.						
Expir	ation Date:		Expiration Date:						
10.	0. Name and Address of High School:								
11.									
12.									
A.	B.								



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13.	List any work experience you wish to be Salon:	e considered in the field of Cos					
	Hours Worked						
	Name of Supervisor:						
14.	Place of Intended Employment:						
15.	Have you ever been arrested for, charged Barber Law? Yes No If yes, please explain:						
16.	Has any prior Cosmetologist/Barber etc., License been suspended or revoked?YesNo If yes, please explain:						
I DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.							
	Signature	I	Date				
	Subscribes and sworn to before me th	is day of	, 20				
	SEAL	NY .	Dall'				
		Notar	v 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 states: "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."

PART A: TO BE COMPLETED BY THE APPLICANT Previous Name: I hereby authorize release of information to the Guam Board of Barbering and Cosmetology relative to certification as an apprentice. Signature Date AGREEMENT TO SUPERVISE PART B: TO BE COMPLETED BY SUPERVISOR Name of Supervisor: License Number: _____ Mailing Address: Name of Cosmetological Establishment: Establishment License Number: 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.

Date

Signature

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RECORD OF PAYMENT

I. **IDENTIFICATION** Name: (Middle) Mailing Address: _____(Street / P.O. #) (City) (Zip Code) (State) Email Address: Contact No.: Signature: ____ Date: II. **VERIFICATION OF LICENSURE:** Please print the complete name used on original license and your social security number. SS#: Name: 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): Examination & Regulations as a Cosmetologist, Electrologist, Manicurist, or Esthetician 1. \$ 20.00 2. Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician \$ 10.00 3. Examination and Registration as an Instructor \$ 20.00 4. Re-Examination and Registration for an Instructor \$ 10.00 5. Renewal of Certificates \$ 4.00 6. Cosmetological Establishment License and Certificate \$ 20.00 7. Renewal of Cosmetology Establishment License \$4.00 8. School of Cosmetology License and Certificate \$ 100.00 9. Renewal of School of Cosmetology License and Certificate \$ 25.00 10. Photocopy of record per page \$ 1.00 Initial Application Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1) 11. \$ 200.00 12. Annual Special License Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1) \$ 800.00 13. Late Renewal Fee \$ 20.00 FOR OFFICE USE ONLY: ___ Check ___ Money Order ___ Cash ___ Credit Card Payment

Date Paid: _____

Account #: 324156347

Field Receipt #: _____