



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

COSMETOLOGIST
 MANICURIST
 BARBER
 ESTHETICIAN
 INSTRUCTOR

Name of Applicant: _____
 Date Application Submitted: _____

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 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 | | |
| | Approved / Disapproved | | |
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APPLICATION FOR APPRENTICE

INSTRUCTIONS: Please check mark one of the following:

- Cosmetologist Apprentice
 Manicurist Apprentice
 Barber Apprentice (No Chemicals)
 Esthetician Apprentice
 Instruction Apprentice

Please print in black or blue ink only: **INCOMPLETE APPLICATION WILL 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 on Guam: _____
8. Home Phone #: _____ Work #: _____ Cell #: _____
9. List any Cosmetologist/Barber License(s) held, where obtained and expiration date(s)

| A. | B. |
|------------------|------------------|
| | |
| | |
| | |
| Expiration Date: | Expiration Date: |

10. Name and Address of High School: _____
11. Date of Graduation: _____
12. List any formal education and/or training. Including address and certificates obtained:

| A. | B. |
|----|----|
| | |
| | |
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13. List any work experience you wish to be considered in the field of Cosmetology

Salon: _____

Address: _____

Hours Worked: _____

Name of Supervisor: _____

14. Place of Intended Employment: _____

15. Have you ever been arrested for, charged for, or convicted of any violation of the Cosmetology/ Barber Law?

Yes No

If yes, please explain:

16. Has any prior Cosmetologist/Barber etc., License been suspended or revoked? Yes No

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 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

Name: _____

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

1. Name of Supervisor: _____

License Number: _____

Mailing Address: _____

2. 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.

Signature

Date

