



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 EXAMINATION

Incomplete Applications will NOT be Processed

CHECK THE BOX FOR THE TYPE OF LICENSE YOU ARE APPLYING FOR				
Cosmetologist 1600 hours Fee: \$20.00	Manicurist 400 hours Fee: \$20.00	Barber/Barber Stylist 1600 hours Fee: \$20.00	Esthetician 600 hours Fee: \$20.00	Instructor 600 hours/6 Semester hours Fee: \$20.00
Are you an Apprentice: Yes No If yes, please indicate Apprentice Number and Expiration Date: Apprentice No. _____ Expiration Date: _____				
Is this your first time taking the National Interstate Council (NIC) of State Boards of Cosmetology (NIC) Examination? Yes No If no, please indicate the location and date of your last NIC Examination: _____ If this is not your first time, has your name changed since your application? ___Yes ___No If yes, please submit a "NAME CHANGE" form required documentation for a name change along with this application.				
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:	Zipcode:
Contact Number:		Email Address:		
SECTION B: QUALIFICATIONS: Choose One				
Guam Students				
<i>I graduated from a Guam Board approved school. The proof of Education Document and Transcript will be transmitted directly from the School.</i>				
Out of State /Out of Country Students				
<i>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>				
<i>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>				
<i>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.</i>				
Reciprocity				
The Board shall grant a license without examination to practice to an out of state applicant. If the applicant submits:				
<ul style="list-style-type: none"> a. A completed application form with all fees required by the GBBC Board. b. Proof that the applicant has passed the NIC Nationally Standardized Theory and Practical. c. Verification of licensure issued by another State to practice that meets all of the following: <ul 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 applicants has not been subject to disciplinary action or a criminal conviction. 				
IF YOU QUALIFY AS STATED ABOVE, COMPLETE THE APPLICATION FOR RECIPROCITY				



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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?

Yes No 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 not 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?

Yes No

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?

Yes No

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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RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____
(Last)
(First)
(Middle)

Mailing Address: _____
(Street / P.O. #)
(City)
(State)
(Zip Code)

Email Address: _____ Contact No.: _____

Signature: _____ Date: _____

II. VERIFICATION OF LICENSURE: Please print the complete name used on original license and 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