



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				
<input type="checkbox"/> Cosmetologist 1600 hours Fee: \$20.00	<input type="checkbox"/> Manicurist 400 hours Fee: \$20.00	<input type="checkbox"/> Barber/Barber Stylist 1600 hours Fee: \$20.00	<input type="checkbox"/> Esthetician 600 hours Fee: \$20.00	<input type="checkbox"/> Instructor 600 hours/6 Semester hours Fee: \$20.00
Are you an Apprentice: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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				
<input type="checkbox"/> 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				
<input type="checkbox"/> 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.)				
<input type="checkbox"/> 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.				
<input type="checkbox"/> 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.				
Reciprocity				
The Board shall grant a license without examination to practice to an out of state applicant. If the applicant submits:				
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:				
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

