AND CO	7 .	Department of Public Health & Social Services				
6.	RBERIN	GUAM BOARD OF BARBERING AND COSMETOLOGY				
36	RIN	194 Hernan Cortez Ave. Terlaje Professional Building, Suite 213				
)		Hagåtña, Guam 96910 Wabsita: https://guambala.org/gbba				
00 QM		Website: <u>https://guamhplo.org/gbbc</u> Contact No.: 671-735-7408				
		APPLICATION FOR EXAMINATION CHECKLIST				
	COSMI	ETOLOGIST MANICURIST BARBER/BARBER ESTHETICIAN INSTRUCTOR				
Nar	ne of	Applicant:				
Dat	e Ap	plication Submitted:				
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 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 (from all places of residence within the last 12 months)				
6.		Payment Fee of \$20.00				
7 Has completed technical instructions, with minimum completed hours in a Board Appro						
		school.				
		Cosmetologist 1,600 Hours				
		Barber/Barber Stylist 1,600 Hours				
		Manicurist 400 Hours				
		Esthetician 600 Hours of 1,300 Hours				
8.		For Out of Country Graduates: Request for "GENERAL EVALUATION" from:				
		AEQUO International				
		150 4 th Ave. N. Suite 850				
		Nashville, TN 37219				
		Telephone No.: 844-882-3786				
		Email: <u>info@aequointernational.com</u>				
		Website: https://nasba.tfaforms.net/327178				



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: <u>https://guamhplo.org/gbbc</u>

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 Manicuris	st Barber/Bar	ber Stylist Es	sthetician	Instructor						
1600 hours 400 hours			00 hours	600 hours/6 Semester hours						
Fee: \$20.00 Fee: \$20.0	0 Fee: \$	20.00 Fe	e: \$20.00	Fee: \$20.00						
Are you an Apprentice:			~							
Yes No If yes, please in			on Date:							
Apprentice No	Expiration Date:									
Is this your first time taking the Natio	onal Interstate Counc	cil (NIC) of State B	oards of Cos	metology (NIC)						
Examination?										
Yes No If no, please inc				ation:						
If this is not your first time, has your										
If yes, please submit a "NAME CHA	NGE" form required	d documentation for	a name cha	nge along with this						
application.										
SECTION A: APPLICANT IN	FORMATION:									
(The Name on your application MUST	match the name on y	our government issu	ied identifica	tion)						
Social Security:	-	Date of Birth:								
5		Month:	Day	: Year:						
Last Name:	First Name:	Wiend	Middle N							
Last Maine.	First Walle.		IVITUALE IN	ante.						
		<u><u> </u></u>		7 * 1						
Mailing Address:	City:	State:	Ž	Zipcode:						
		-								
Contact Number:		Email Address:								
SECTION B: QUALIFICATIO	NS: Choose One									
	Guam S	tudents								
I graduated from a Guam Board			on Documen	t and Transcript will be						
transmitted directly from the Sch		ne prooj oj Laucan	n Documen	i ana Transcripi wili be						
	Out of State /Out of	f Country Student	9							
I completed my school in anothe				num sahaal aammlata famm						
B "OUT OF STATE APPLICAN		NG KECOKD WIII	i iranscripis	mattea atrecity to the						
Guam Board of Barbering and C		. 111	. 1 . 17							
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										
-	d my report directly	to the Guam Board	of Barberin	g 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.										
Reciprocity										
The Board shall grant a license withou				f the applicant submits:						
a. A completed application form with all fees required by the GBBC Board.										
a. A completed application form v	vith all fees required	by the OBBC Bour	b. Proof that the applicant has passed the NIC Nationally Standardized Theory and Practical.							
				ractical.						
	ssed the NIC Nation	ally Standardized T	heory and P							
b. Proof that the applicant has particle.b. Verification of licensure issued	ssed the NIC National by another State to	ally Standardized T practice that meets	heory and P							
b. Proof that the applicant has partc. Verification of licensure issued	ssed the NIC National by another State to	ally Standardized T practice that meets	heory and P							
 b. Proof that the applicant has particular for the proof of t	ssed the NIC Nationa by another State to d, or otherwise restr	ally Standardized T practice that meets icted	heory and P all of the fol	lowing:						
 b. Proof that the applicant has particular to the proof of th	ssed the NIC Nationa by another State to d, or otherwise restr of the last five years,	ally Standardized T practice that meets icted	heory and P all of the fol	lowing:						



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

SE	SECTION C: BACKGROUND INFORMATION	
1.		aw of the United States, in any
	state, local jurisdiction, or any foreign country?	
	Yes No If yes, please answer the following. Attach additional pa	ages if needed.
	Date of Conviction(s):	
	Due of converton(3).	
	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 descri	
	circumstances or arrest as well as any rehabilitation efforts or changes in life	fe since that time to prevent
	future problems.	
	Include all misdemeanor and felony convictions, regardless of the age of co	
	have been set aside and/or dismissed under Guam Law. (Traffic violation o	f \$500.00 or less need not be
	reported.)	
2.	on probation or other disciplinary action taken by this or any other governn any foreign country?	
	Yes No	
	If yes, please attach an explanation that includes the license type, the action date. Also include a copy of the administrative action, and if applicable, co documents, verification of restitution received by the court, and verification probation.	pies of arrest records, court
3.	*	of Barbering and Cosmetology?
	If yes, please provide license type(s), number(s), and date(s) issued:	
SE	SECTION D: APPLICANT CERTIFICATION	
	I certify that I have read and understand the laws and regulations pertaining to t	the profession in Guam. I certify
und	under the penalty of perjury under the laws of Territory of Guam all statements f application are true and accurate.	
	Signature of Applicant	Date



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: <u>https://guamhplo.org/gbbc</u> Contact No.: 671-735-7408

RECORD OF PAYMENT

I. IDENTIFICATION

	N	Name:									
			(Last)	(First)	(Midd	(Middle)					
	М	ailing Address:									
			(Street / P.O. #) (City)		(State)	(Zip Code)					
	Eı	mail Address:		Contact N	0.:						
	Si	gnature:		Date:							
II.		VERIFICATION OF LICENSURE: Please print the complete name used on original license and your social security number.									
	N	ame:		S	S#:						
III.	fo: the Ple Or Al	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 .									
Pleas	e chec	ek your request(s):									
	1.		-		Manicurist, or Esthetician						
	2.	Re-Examination a	s a Cosmetologist, Ele	ectrologist, Manicur	ist, or Esthetician	\$ 10.00					
	3.	Examination and Registration as an Instructor				\$ 20.00					
	4.	Re-Examination and Registration for an Instructor									
	5.	Renewal of Certif	ïcates			\$ 4.00					
	6.	Cosmetological Establishment License and Certificate									
	7.	Renewal of Cosmetology Establishment License									
	8.	School of Cosmetology License and Certificate									
	9.	Renewal of Schoo	ol of Cosmetology Lice	ense and Certificate		\$ 25.00					
	10.	Photocopy of reco	ord per page			\$ 1.00					
	11.	Initial Application	Fee for Japanese Cos	metologist (P.L. 30	-152 / §18115.1)	\$ 200.00					
	12.	Annual Special Li	cense Fee for Japanes	e Cosmetologist (P.	L. 30-152 / §18115.1)	\$ 800.00					
	13.	Late Renewal Fee	:			\$ 20.00					
FOI	R OF	FICE USE ONL	Y: Payment	_ Check Mor	ney Order Cash	_ Credit Card					
		eipt #: #: 324156347		Date Paid:							

.