

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 RE-EXAMINATION CHECKLIST

COSM	IETOLOGIST!	MANICURIST	BARBER	ESTHETICIAN	INSTRUCTOR
Name o	f Applicant:				
Date Ap	oplication Submitte	d:			
1	Completed Appli	cation			
2	Two (2) 2 ½" x 2 and dated on the I		st be within 90 da	ays and white backs	ground, signed
3	Original Police C	learance (Within	n the last 12 mon	ths)	
4	Payment Fee of \$	10.00			
5	Money Order for	NIC			
	Written and	Practical - \$38.	00		
	Written Onl	y - \$18.00			
	Practical Or	nly - \$20.00			

Board Member Signature	Action	Date	Comments		
	Approved / Disapproved				
	Approved / Disapproved				
	Approved / Disapproved				
	Approved / Disapproved				
	Approved / Disapproved				
	Approved / Disapproved				



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APPLICATION FOR RE-EXAMINATION

INSTRUCTIONS: Please check mark one of the fo	llowing:					
COSMETOLOGISTMANICURIST	BARBERESTHETICIANINSTRUCTOR					
Please print in black or blue ink only: <u>INCOMPLETE APPLICATION WILL NOT BE PROCESSED</u> SECTION A: APPLICANT INFORMATION						
1. Full Name:						
2. Mailing Address:						
3. Email Address:						
4. Date of Birth:	-					
5. Social Security No.:	_					
6. Home Phone #: Work #:	Cell #:					
SECTION B: EXAMINATION INFORMATION	N					
Please check mark the exam you are applying for:	Preferred Language for Written Examination:					
Written	English					
Practical Written and Practical	Korean Vietnamese					
Witten and Flactical	victualitese					
Date of last exam taken:	How many times have you taken the exam?					
Since you last application, have you been convicted of, of States, in any state, local jurisdiction, or any foreign cour. If yes, please provide an explanation that includes the type complete penalty received.						
If it has been over a year since the submission of your introduce clearance with the application.	tial application for examination, please attach a current					
I certify under penalty of perjury under the laws of the Territory of Guam that all statements furnished in connection with this application are true and accurate.						
Signature	 Date					

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RECORD OF PAYMENT

I. **IDENTIFICATION**

	Na	ame:							
		(Last)	(First)		(Middle	e)			
	M	ailing Address:(Street / P.O. #)							
		(Street / P.O. #)	(City)	(State)	(2	Zip Code)			
	Er	mail Address:	Contact N	Vo.:					
	Si	gnature:	Date:						
II.		VERIFICATION OF LICENSURE: Please print the complete name used on original license and your social security number.							
	Na	ame:		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.								
Pleas		ck your request(s):			5	4.20.00			
	1.	Examination & Regulations as a Cosmetolo				\$ 20.00			
	2.	Re-Examination as a Cosmetologist, Elec	•	rist, or Esthet	tician	\$ 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			
	11.	Initial Application Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1)			\$ 200.00				
	12.	Annual Special License Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1)			\$ 800.00				
	13.	Late Renewal Fee				\$ 20.00			
FOF	R OF	FICE USE ONLY: Payment	Check Mo	ney Order _	Cash	Credit Card			
		eipt #:	Date Paid: _						