



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 RECIPROCITY CHECKLIST**

\_\_\_COSMETOLOGIST      \_\_\_MANICURIST      \_\_\_BARBER      \_\_\_ESTHETICIAN      \_\_\_INSTRUCTOR

Name of Applicant: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

1. \_\_\_ Completed and Notarized Application
2. \_\_\_ Two (2) 2 ½” x 2 ½” Photos (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. \_\_\_ Payment Fee of \$20.00
7. \_\_\_ Verification from Original State of Licensure
8. \_\_\_ Current copy of License

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



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**APPLICATION FOR RECIPROCITY**

Please print in black or blue ink only: **INCOMPLETE APPLICATION WILL NOT BE PROCESSED**

Type of License desired:

Cosmetologist                      Barber                      Manicurist                      Esthetician                      Instructor

1. Full Legal Name: \_\_\_\_\_
2. Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Home Phone No: \_\_\_\_\_ Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_
6. Name of Cosmetology School Attended: \_\_\_\_\_
7. Cosmetology School Address: \_\_\_\_\_
8. Enrollment Date.: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
9. Current Licensing State Board: \_\_\_\_\_
10. License No. Issued: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Affidavit:** To be sworn before an officer authorized to administer oaths by the applicant who has completed this form and applying on Guam for licensure by reciprocity.

\_\_\_\_\_  
Applicant's Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,

NOTARY PUBLIC: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

DATE

**NOTARY PUBLIC SEAL**



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**VERIFICATION FORM**

<b>PART I: To be completed by the applicant and forwarded to appropriate Licensing Board</b>			
Name of Licensee: (Last, First, Middle/Maiden)		Previous Name(s):	
Date of Birth:	Social Security No.:	Current License No.:	State License Issued:
Name as it appears on original license: (Last, First, Middle/Maiden)			Date License Initially Issued:
I hereby authorize the Board of Cosmetology to release my license data to the Guam Board of Barbering and Cosmetology.			
_____		_____	
Signature of Applicant		Date	
<b>PART II: To be completed by Licensing Board and forwarded to the Guam Board of Barbering and Cosmetology.</b>			
This is to certify that the above named individual was issued:			
Type of License:	License No.:	Date License Issued:	
_____	_____	_____	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive		Expiration Date:	
If licensed by examination, did the licensee participate and successfully pass the National-Interstate Council of State Boards of Cosmetology (NIC) Theory and Practical Examinations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the license ever been encumbered, denied, revoked, suspended, surrendered, limited, or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach documentation.			
Name and Address of Cosmetology School Attended: _____			
_____			
The above named applicant started program on _____ from _____ to _____ for a total of _____ hours			
<b>BOARD SEAL</b>		Name of Official completing this form	
		Title	
		Signature	
		Date	
<b>NOTE: This form must be returned directly to the Guam Board of Barbering and Cosmetology by the State agency completing this form. This form will not be accepted from the Licensee.</b>			

