

## 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: <a href="https://guamhplo.org/gbbc">https://guamhplo.org/gbbc</a> Contact No.: 671-735-7408

### **APPLICATION FOR RECIPROCITY CHECKLIST**

cos	METOLOGISTMANICURISTBARBERESTHETICIANINSTRUCTOR
Name of Date A	pplication 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

<b>Board Member Signature</b>	Action	Date	Comments
	Approved / Disapproved		



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## **APPLICATION FOR RECIPROCITY**

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

Тур	e of License desired:					
	Cosmetologist	Barber	Manicurist	Esthetician	Instructor	
1.	Full Legal Name:					
2.	Social Security No.:		Date of Bi	rth:		
3.	Mailing Address:					
4.	Email Address:					
5.	Home Phone No:	W	ork No:	Cell No:		
6.	Name of Cosmetology Sch	hool Attended	:			
7.	Cosmetology School Add	ress:				
8.	Enrollment Date.: Graduation Date:					
9.	Current Licensing State B	oard:				
10.	License No. Issued:	Issued		Expiration Date		
	davit: To be sworn before a pleted this form and applying			ocity.		
				Applicant's Signature	2	
SUE	BCRIBED AND SWORN T	O BEFORE M	IE THIS			
	DAY OF	, 20	0,			
NO	ΓARY PUBLIC:					
COI	MMISION EXPIRES:	DATE		NOTARY PUBLIC S	SEAL	



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### **VERIFICATION FORM**

PART I: To be complet	ed by the applicant and f	orwarded to app	ropriate	Licensi	ng Board
Name of Licensee: (Last,	Previous Name(s):				
	Ta			T	
Date of Birth:	Social Security No.:	Current License	No.:	State L	License Issued:
Nome as it appears on an	 iginal license: (Last, First, l	Middle/Meiden)	Doto L	icanca In	itially Igguad.
Name as it appears on or	Middle/Maiden) Date License Initially Issued			itially issued:	
I hereby authorize the B	oard of Cosmetology to rele	ease my license data	a to the C	uam Bo	ard of Barbering
,		metology.			C
	Signature of Applicant	Da			
_	ted by Licensing Board a	and forwarded to	the Gua	m Boar	d of Barbering
and Cosmetology.	1				
	ove named individual was iss	sued:	Data I :	T	d.
Type of License:	License No.:		Date Li	cense Issu	iea:
License Status: Active	Inactive	Expiration Date:			
	did the licensee participate a	•	the Natio	nal_Inter	state Council of
	gy (NIC) Theory and Practica				state Council of
1	ncumbered, denied, revoked,				iced on probation?
	please attach documentation.	suspended, surrende	rea, min	cu, or pro	iced on probution.
Name and Address of Cosn					
Transcare and Transcess of Costs	letology behoof ricenaed.				
		-			
	started program on	from	to	)	for a total of
hours					
		Name of	Official c	ompleting	g this form
ВО	Title				
SE	AL				
	Signature				
	Date				
NOTE: This form must	be returned directly to t	he Guam Roard 4			d Cosmetalogy
	pleting this form. This f				0.0
i by the built agency con	through amp rorms time to	or the state flow the at	picu i	TOTAL CITY	LICCIDOC.

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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.		ERIFICATION OF LICENSURE: Plea cial security number.	ase print the complet	e name used on	original license	and your	
	Na	ame:		SS#:			
III.	<b>FEES:</b> 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 <b>TREASURER OF GUAM</b> .  Online payments can be made at <a href="https://guamhplo.org/gbbc/pay">https://guamhplo.org/gbbc/pay</a> (additional 5% convenience fee).  All fees are <b>NON-REFUNDABLE</b> .						
Pleas		ck your request(s):			<b>5</b>	<b>4.20.00</b>	
	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 Instru				\$ 20.00	
	4.	Re-Examination and Registration for an I	nstructor			\$ 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: _				