



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. ___ 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 (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

PART I: To be completed by the applicant and forwarded to appropriate Licensing Board			
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	
PART II: To be completed by Licensing Board and forwarded to the Guam Board of Barbering and Cosmetology.			
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			

Name of Official completing this form			

Title			

Signature			

Date			

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.			

**BOARD
SEAL**



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RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street / P.O. #) (City) (State) (Zip Code)

Email Address: _____ Contact No.: _____

Signature: _____ Date: _____

II. VERIFICATION OF LICENSURE: Please print the complete name used on original license and your social security number.

Name: _____ 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.**

Please check your request(s):

- 1. Examination & Regulations as a Cosmetologist, Electrologist, Manicurist, or Esthetician \$ 20.00
- 2. Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician \$ 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

FOR OFFICE USE ONLY: Payment ___ Check ___ Money Order ___ Cash ___ Credit Card

Field Receipt #: _____ Date Paid: _____

Account #: 324156347