



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 SPECIAL JAPANESE LICENSE CHECKLIST

Name of Applicant: _____

Date Application Submitted: _____

1. Completed 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 (from all places of residence within the last 12 months)
6. Payment Fee of \$200.00 for Initial Application and \$800.00 for Annual Special License
7. Must be over sixteen (16) years of age
8. Completed technical instructions, **a minimum of 1,600 hours in a school term of at least nine (9) months**, detailing the subjects and hours of training

For Out of Country Graduates: Request for “GENERAL EVALUATION” from:

AEQUO International
 150 4th Ave. N. Suite 850
 Nashville, TN 37219
 Telephone No.: 844-882-3786
 Email: info@aequointernational.com
 Website: <https://nasba.tfaforms.net/327178>

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



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APPLICATION FOR SPECIAL JAPANESE LICENSE

Incomplete Applications will NOT be Processed

SECTION A: APPLICANT INFORMATION: (The Name on your application MUST match the name on your government issued identification)			
Social Security:		Date of Birth: Month: ____ Day: ____ Year: ____	
Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	Zipcode:
Contact Number:		Email Address:	
SECTION B: QUALIFICATIONS: Choose One			
Guam Students			
<i>I graduated from a Guam Board approved school. The proof of Education Document and Transcript will be transmitted directly from the School.</i>			
Out of State /Out of Country Students			
<i>I completed my school in another State but did not receive a license. (Please have your school complete form B "OUT OF STATE APPLICANT SCHOOL TRAINING RECORD" with transcripts mailed directly to the Guam Board of Barbering and Cosmetology Office.)</i>			
<i>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 Office.</i>			
<i>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.</i>			
Reciprocity			
The Board shall grant a license without examination to practice to an out of state applicant. If the applicant submits:			
a. A completed application form with all fees required by the GBBC Board.			
b. Proof that the applicant has passed the NIC Nationally Standardized Theory and Practical.			
c. Verification of licensure issued by another State to practice that meets all of the following:			
1. It is not revoked, suspended, or otherwise restricted			
2. It is in good standing			
3. It has been active for two of the last five years, during the time the applicants has not been subject to disciplinary action or a criminal conviction.			
IF YOU QUALIFY AS STATED ABOVE, COMPLETE THE APPLICATION FOR RECIPROCITY			



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SECTION C: BACKGROUND INFORMATION

1. Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country?

Yes No If yes, please answer the following. Attach additional pages if needed.

Date of Conviction(s):

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 describing the underlying circumstances or arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems.

Include all misdemeanor and felony convictions, regardless of the age of conviction, including those which have been set aside and/or dismissed under Guam Law. (Traffic violation of \$500.00 or less need not be reported.)

2. Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other government authority in this territory or any foreign country?

Yes No

If yes, please attach an explanation that includes the license type, the action taken, by which state, and the date. Also include a copy of the administrative action, and if applicable, copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation.

3. Do you hold or have held any additional license issued by the Guam Board of Barbering and Cosmetology?

Yes No

If yes, please provide license type(s), number(s), and date(s) issued:

SECTION D: APPLICANT CERTIFICATION

I certify that I have read and understand the laws and regulations pertaining to the profession in Guam. I certify under the penalty of perjury under the laws of Territory of Guam all statements furnished in connections with this application are true and accurate.

Signature of Applicant

Date



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FORM B – OUT OF STATE SCHOOL TRAINING RECORD

Complete this form *only* if you did not become licensed in the state in which you received your training
 Mail this form to the school you attended. Request for the school to complete this form and mail it
directly to the Guam Board of Barbering and Cosmetology.

SECTION A: APPLICANT INFORMATION

Last Name:	First Name:	Middle Name:	
Mailing Address:		City:	State: Zip Code:
Social Security No.:		Date of Birth:	

SECTION B: SCHOOL INFORMATION

Name of School:			
Address:	City:	State:	Zip Code:
School is licensed by?	License No.:	License Expiration Date:	
School Contact Name:	Telephone No.:	Email Address:	

Student's Training Information:

- | | |
|--|--|
| 1. Training Category (check <u>all applicable</u> boxes):
<input type="checkbox"/> Barbering
<input type="checkbox"/> Cosmetology
<input type="checkbox"/> Esthetics (Skin Care Only)
<input type="checkbox"/> Manicuring (Nail Care Only) | 2. Total Hours Completed: _____
3. Enrollment Date: _____
4. Completion/Withdrawal Date: _____ |
|--|--|

Attach a transcript that shows the number of hours completed in each subject area as required by Guam P.L. 30-152 Barbering and Cosmetology Act of 2010.

I certify under penalty of perjury under the laws of the Territory of Guam that the foregoing is true and correct.

_____ Authorized Signature of School Official	_____ Print Name of Authorized Personnel	_____ Date
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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):

<input type="checkbox"/>	1. Examination & Regulations as a Cosmetologist, Electrologist, Manicurist, or Esthetician	\$ 20.00
<input type="checkbox"/>	2. Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician	\$ 10.00
<input type="checkbox"/>	3. Examination and Registration as an Instructor	\$ 20.00
<input type="checkbox"/>	4. Re-Examination and Registration for an Instructor	\$ 10.00
<input type="checkbox"/>	5. Renewal of Certificates	\$ 4.00
<input type="checkbox"/>	6. Cosmetological Establishment License and Certificate	\$ 20.00
<input type="checkbox"/>	7. Renewal of Cosmetology Establishment License	\$ 4.00
<input type="checkbox"/>	8. School of Cosmetology License and Certificate	\$ 100.00
<input type="checkbox"/>	9. Renewal of School of Cosmetology License and Certificate	\$ 25.00
<input type="checkbox"/>	10. Photocopy of record per page	\$ 1.00
<input type="checkbox"/>	11. Initial Application Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1)	\$ 200.00
<input type="checkbox"/>	12. Annual Special License Fee for Japanese Cosmetologist (P.L. 30-152 / §18115.1)	\$ 800.00
<input type="checkbox"/>	13. Late Renewal Fee	\$ 20.00

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

Field Receipt #: _____ **Date Paid:** _____

Account #: 324156347