



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.  One (1) 2” x 2” 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 4<sup>th</sup> Ave. N. Suite 850  
 Nashville, TN 37219  
 Telephone No.: 844-882-3786  
 Email: [info@aequointernational.com](mailto: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		



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**

Incomplete Applications will NOT be Processed

<b>CHECK THE BOX FOR THE TYPE OF LICENSE YOU ARE APPLYING FOR</b>				
<input type="checkbox"/> Cosmetologist 1600 hours Fee: \$20.00	<input type="checkbox"/> Manicurist 400 hours Fee: \$20.00	<input type="checkbox"/> Barber/Barber Stylist 1600 hours Fee: \$20.00	<input type="checkbox"/> Esthetician 600 hours Fee: \$20.00	<input type="checkbox"/> Instructor 600 hours/6 Semester hours Fee: \$20.00
Are you an Apprentice: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate Apprentice Number and Expiration Date: Apprentice No. _____ Expiration Date: _____				
Is this your first time taking the National Interstate Council (NIC) of State Boards of Cosmetology (NIC) Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate the location and date of your last NIC Examination: _____ If this is not your first time, has your name changed since your application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please submit a "NAME CHANGE" form required documentation for a name change along with this application.				
<b>SECTION A: APPLICANT INFORMATION:</b> (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: _____		
<b>SECTION B: QUALIFICATIONS: Choose One</b>				
<b>Guam Students</b>				
<i>I graduated from a Guam Board approved school. The proof of Education Document and Transcript will be transmitted directly from the School.</i>				
<b>Out of State /Out of Country Students</b>				
<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>				
<b>Reciprocity</b>				
<b>The Board shall grant a license without examination to practice to an out of state applicant. If the applicant submits:</b>				
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.				
<b>IF YOU QUALIFY AS STATED ABOVE, COMPLETE THE APPLICATION FOR RECIPROCITY</b>				



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

**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



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

**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):<br><input type="checkbox"/> Barbering<br><input type="checkbox"/> Cosmetology<br><input type="checkbox"/> Esthetics (Skin Care Only)<br><input type="checkbox"/> Manicuring (Nail Care Only) | 2. Total Hours Completed: _____<br>3. Enrollment Date: _____<br>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
-----------------------------------------------------	---------------------------------------------	---------------

