



Department of Public Health & Social Services
THE GUAM BOARD OF BARBERING AND COSMETOLOGY
 Mailing & Physical Address: 194 Hernan Cortez Avenue Terlaje Professional Building, Suite 213
 Hagåtña, Guam 96910
 Website: <https://guamhplo.org>
 Contact No. (671) 735-7412 Email Address: sharon.manibusan@dphss.guam.gov

APPRENTICE CHECKLIST

COSMETOLOGIST MANICURIST BARBER ESTHETICIAN INSTRUCTOR

NAME OF APPLICANT: _____

DATE APPLICATION SUBMITTED: _____

1. ____ Completed and **Notarized (Application page 2)**
2. ____ Two 2 ½ X 2 ½ Photos (must be within 90 days and white background) **signed and date the back**
3. ____ Copy of Photo ID with date of birth or certified copy of birth certificate
4. ____ Three (3) letters of reference of good moral character addressed to the board containing the complete legal name of the individual making the reference, with his/her mailing address, residential address, place of employment and contact numbers.
5. ____ Original Police Clearance (Within the last 12 months)
6. ____ Agreement to Supervise (GBOC-11)
7. ____ Payment Fee of \$20.00 (**Please pay at the Treasurer of Guam located at the ITC Building 1st Floor**)
8. ____ Must be over sixteen (16) years of age
9. ____ Completed technical instruction of **1,600 hours in barbering or 1,600 hours in cosmetology**, and minimum number of practical operations for each subject as specified in **BOARD REGULATIONS** for courses taught in schools approved by the Board.

****Please Note: Official Transcripts must be mailed from the school to our office****

Board Member Signature	Action	Date	Comments
	Approved / Disapproved		



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APPLICATION FOR LICENSURE

INSTUCTIONS: Please check mark one of the following:

- Apprentice Cosmetologist Apprentice Manicurist Apprentice Barber (NO CHEMICALS)
- Apprentice Esthetician Apprentice Instructor

Please TYPE or PRINT (Black or Blue Ink only): **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

1. Full Legal Name: _____
2. Other Names, if any: _____
3. Residential Address: _____
4. Mailing Address: _____
5. Email Address: _____
6. Place of Birth: _____ Date of Birth: _____
7. Social Security No: _____ No. of Years on Guam: _____
8. Home Phone No. _____ Work No. _____ Cell No. _____
9. List any Cosmetologist/Barber License(s) held, where obtained and expiration date(s)

A.	B.
Expiration Date: _____	Expiration Date: _____

10. Name and Address of High School: _____

11. Date of Graduation: _____

12. List any formal education and/or training. Include address and certificates obtained:

A.	B.



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13. List any work experience you wish to be considered in the field of Cosmetology

Salon: _____

Address: _____

Hours Worked: _____

Name of Supervisor: _____

14. Place of Intended Employment: _____

15. Have you ever been arrested for, charged for, or convicted of any violation of The Cosmetology/Barber Law?

Yes No

If yes, please explain: _____

16. Has any prior Cosmetologist/Barber etc., License been suspended or revoked? Yes No

If yes, please explain: _____

I DECLARE UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Signature

Date

Subscribes and sworn to before me this _____ day of _____, 20____

SEAL

Notary Public



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AGREEMENT TO SUPERVISE APPRENTINCE

The applicant below is applying for certificate to practice as an APPRENTICE in Guam. Please provide the following information and return directly to the board at the above address.

Public Law 30-152, Section 18121 states: “An apprentice may do any or all of the acts for which the apprentice is licensed only in the licensed cosmetological establishment and under supervision and employment of a license approved by the Board.”

PART A: TO BE COMPLETED BY THE APPLICANT

Name: _____

Previous Name: _____

I hereby authorize release of information to The Guam Board of Barbering and Cosmetology relative to certification as an apprentice.

 Signature

 Date

AGREEMENT TO SUPERVISE

PART B: TO BE COMPLETED BY SUPERVISOR

1. Name of Supervisor: _____

License Number: _____

Mailing Address: _____

2. Name of Cosmetological Establishment: _____

Establishment License Number: _____

Physical Address: _____

I hereby agree to assume responsibility for supervision of the above named individual and will notify the Board of my desire to discontinue such supervision.

 Signature

 Date



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RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____
 Mailing Address: _____
 Email Address: _____ Phone No. _____
 Signature: _____ Date: _____

II. Verification of Licensure:

Please print the complete name used on original license and your social security number.

Name: _____ Social Security No. _____

III. Fee:

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.

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 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

NOTE: ALL CHECKS AND MONEY ORDER BE MADE PAYABLE TO "TREASURER OF GUAM". PRESENT THIS FORM WITH PAYMENT TO THE CASHIER AT TREASURER OF GUAM THEN RETURN THE PROCESSED FORM TO GBBC. OFF ISLAND APPLICANTS, RETURN THIS FORM WITH YOUR PAYMENT TO GBBC AT THE ABOVE ADDRESS. ALL LICENSE/CERTIFICATES ARE NON-TRANSFERRABLE. ALL FEES ARE NON-REFUNDABLE

FOR OFFICE USE ONLY: FORM OF PAYMENT: CASH CHECK MONEY ORDER CREDIT CARD

Field Receipt: _____ Date Paid: _____