



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://guamhplp.org>
 Contact No. (671) 735-7412
 Email Address: Sharon.manibusan@dphss.guam.gov

EXAMINATION APPLICATION CHECKLIST

COSMETOLOGIST MANICURIST BARBER / BARBER STYLIST ESTHETICIAN INSTRUCTOR

Name of Applicant: _____

Date Application Submitted: _____

1. ____ Completed Application
2. ____ Two 2 ½ x 2 ½ Photos (must be within the last 9 days and white background signed and date the back of photos)
3. ____ Copy of Photo ID with date of birth or certified copy of birth certificate
4. ____ Three original (3) letters of reference of good moral character addressed to the GBBC Board containing the complete legal name of the individual making the reference, with his/her mailing address, residential address, place of employment and telephone numbers. Original letter must be signed.
5. ____ Original Police Clearance (from all places of residence within the last 12 months)
6. ____ Payment Fee of \$20.00
7. ____ Has completed technical instructions, with minimum completed hours in a Board Approved school.

<i>Cosmetologist</i>	<i>1,600 Hours</i>
<i>Barber/Barber Stylist</i>	<i>1,600 Hours</i>
<i>Manicurist</i>	<i>400 Hours</i>
<i>Esthetician</i>	<i>600 hours of 1,300 hours</i>

8. ____ For out of Country Graduates: Request for “GENERAL EVALUATION” from the following:

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

Upon completion of your evaluation, AEQUO International will send the report directly to the Health Professional Licensing Office/GBBC and will forward a copy to you for your records.



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APPLICATION FOR EXAMINATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

CHECK ONE BOX FOR TYPE OF LICENSE TO WHICH YOU ARE APPLYING FOR					
<input type="checkbox"/> Cosmetologist 1600 hours FEE: \$20.00	<input type="checkbox"/> Barber/Barber Stylist 1600 hours Fee: \$20.00	<input type="checkbox"/> Manicurist 400 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 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.					
SECTION A: APPLICANT INFORMATION:					
<i>(The Name on your application MUST match the name on your government issued identification)</i>					
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					
<input type="checkbox"/> <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 School / Out of Country Students					
<input type="checkbox"/> <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 Barbering and Cosmetology Office.)</i>					
<input type="checkbox"/> <i>I went to a school and/or held a license in another country, and I have requested an Evaluation Service to evaluate my credentials and send my a report directly to The Guam Board of Barbering & Cosmetology Office.</i>					
<input type="checkbox"/> <i>I hold a current license in another state; it has been active for more then 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 & 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) <i>A completed application form with all fees required by the GBBC Board.</i> b) <i>Proof that the applicant has passed the NIC Natgionally Standardized Theory & Practical.</i> c) Verification of license 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 applicant has not been subject to disciplinary action or a criminal conviction.					
IF YOU QUALIFY AS STATE 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 questions. Attach addition pages if needed.

Date of Conviction(s):

Type of Violation(s):

Court(s) where convictions(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 your 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 the conviction, including those which have been set aside and/or dismissed under Guam Law. (Traffic violations of \$500.00 or less need not to 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 what 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 you held any additional license issued by The Guam Board of Barbering & 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 that all statements furnished in connections with this application are true and accurate..

Signature of Applicant

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: _____