



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GUAM BOARD OF BARBERING AND COSMETOLOGY

194 Hernan Cortez Ave, Ste 213, Hagatna, GU 96910-5052



RECORD OF PAYMENT

I. IDENTIFICATION

Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

II. Verification of Licensure: Please print the complete name used on original license and your social security number

Name: _____ Social Security Number: _____

III. Fee: Pursuant to P.L. 25-188 Section 18124, 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 and Registration as a Barber, Cosmetologist, Electrologist, Manicurist, or Esthetician	\$ 20.00
2. () Re-Examination as a Barber, Cosmetologist, Electrologist, Manicurist, or Esthetician	\$ 10.00
3. () Examination and Registration as an Instructor	\$ 20.00
4. () Re-Examination and Registration as an Instructor	\$ 10.00
5. () Renewal of Certificates	\$ 4.00
6. () Cosmetological Establishment License and Certificate	\$ 20.00
7. () Renewal of Cosmetological 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

NOTE: All checks and money order must 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 LICENSES/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: _____

Acct #: DPH 324156347



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RECORD OF PAYMENT

IV. IDENTIFICATION

Name: _____
 Mailing Address: _____
 Email Address: _____ Phone Number: _____
 Signature: _____ Date: _____

CASHIER

COPY

V. Verification of Licensure: Please print the complete name used on original license and your social security number

Name: _____ Social Security Number: _____

VI. Fee: Pursuant to P.L. 25-188 Section 18124, 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.

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