

Department of Public Health & Social Services  
**THE GUAM BOARD OF BARBERING AND COSMETOLOGY**

Mailing & Physical Address: 194 Hernan Cortez Avenue, Suite 213  
 Hagåtña, Guam 96910

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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: \_\_\_\_\_