



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

Mailing: 123 Chalan Kareta, Mangilao, GU 96913
 Physical: 194 Hernan Cortez Ave, Ste 213, Hagatna, GU 96910
 www.dphss.guam.gov • Ph.: 1.671.735.7408/7410 • Fax: 1.671.735.7413



RE-EXAMINATION CHECKLIST

- Cosmetologist
 Manicurist
 Barber
 Esthetician
 Instructor

Name of Applicant: _____

Date Application Submitted: _____

1. ____ Completed Application
2. ____ Two 2 ½ x 2 ½ Photo (Must be within the last 90 days and white background)
3. ____ Payment Fee of \$10.00
4. ____ Police Clearance (Within the last 12 months)
5. ____ Money Order for NIC
 - ____ Written & Practical - \$38.00
 - ____ Written Only - \$18.00
 - ____ Practical Only - \$20.00

BOARD MEMBER SIGNATURE	ACTION	DATE	COMMENTS
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		



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APPLICATION FOR RE-EXAMINATION

INSTRUCTIONS: Please check (√) one of the following:

- Cosmetologist Manicurist Barber Esthetician Instructor

Please type or print (black or blue ink only). Incomplete applications will NOT be processed.

SECTION A: APPLICANT INFORMATION

(Last Name)	(First Name)	(Middle Name)	
Social Security Number	Contact Number(s)	Date of Birth	
Mailing Address: Street or PO Box #	City	State	Zip code

SECTION B: EXAMINATION INFORMATION

Please check (√) the exam you are applying for:

/ / Written

/ / Practical

/ / Written & Practical

Date you took last exam: _____

Preferred Language for Written Examination

English

Korean

Vietnamese

Since your last application, have you been convicted of, or plead no contest to a violation of any law of the Unites States, in any state, local jurisdiction, or any foreign country? / / Yes / / No

If yes, please provide an explanation that includes the type of violation, date, circumstances and location, and the complete penalty received.

If it has been over a year since the submission of your initial application for examination, please attach a current police clearance with the application

I certify under penalty of perjury under the laws of the Territory of Guam that all statements furnished in connection with this application are true and accurate.

APPLICANT SIGNATURE

DATE



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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 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 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 |

NOTE: All checks and money order must be made payable to “**Treasurer of Guam**”. Present this form with payment to the Cashier at Public Health of Treasurer of Guam Office 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: _____



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RECORD OF PAYMENT

IV. IDENTIFICATION

Name: _____
Mailing Address: _____
Email Address: _____
Signature: _____

**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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