



LICENSURE RENEWAL APPLICATION

APPLICANT CHECKLIST	
<p>Ensure the entire application is complete. <u>INCOMPLETE APPLICATION WILL NOT BE PROCESSED.</u> Renewals will be processed every FRIDAY. Licenses will be available for pick up the following week Monday – Thursday; 8am to 4pm</p>	
	<p>Complete the entire application and attach expiring or expired license.</p>
	<p>For local payments – all fees must be paid at the any Treasurer of Guam (DPHSS Mangilao Cashier, ITC, Dept of Revenue and Taxation, One Stop)</p> <p>For Off-Island Licensees – (DO NOT SEND CASH). - Please submit a check or money order payable to: “TREASURER OF GUAM”</p>
	<p>Two 2 ½ x 2 ½ size picture taken within the last 60 days (white background only) <u>Please print your name, sign, and dated at the back of photo.</u></p>
	<p>Continuing Education Report <u>must be</u> fully completed and signed. Certificate of Completion must be attached with CE Report.</p>
	<p>SURRENDER THE OLD (EXPIRED) LICENSE CARD.</p>
	<p>Any additional forms or requests required based on your responses on the application</p>



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GUAM BOARD OF BARBERING AND COSMETOLOGY
 194 Hernan Cortez Ave. #213, Hagatña, GU 96910



LICENSE RENEWAL APPLICATION

License Number:	
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INSTRUCTIONS: Please check (✓) one of the following:

- | | | | |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Cosmetologist (Grandfather) | <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Manicurist | <input type="checkbox"/> Barber |
| <input type="checkbox"/> Barber (Grandfather) | <input type="checkbox"/> Esthetician | <input type="checkbox"/> Electrologist | <input type="checkbox"/> Instructor |

Please print or type. Incomplete applications will NOT be processed.

Name: (Last Name, First Name, Middle Initial)	Telephone Number:
Social Security Number:	Date of Birth:
Email Address:	Place of Employment/Telephone Number:
Mailing Address:	
Home Address if different from Mailing Address:	

Please answer the following questions based on your last initial or renewal application:

1.	Have you been convicted of a crime (misdemeanor or felony), on Guam or any state, by the federal government or by any other jurisdiction within the past ten years?	Yes	No
2.	Is there a criminal complaint, accusation or information presently pending against you or are you currently under indictment, on Guam or any state, by the federal government or by any other jurisdiction?	Yes	No
3.	Has any professional or occupational license, certification or permit held by you been fined, suspended, revoked, refused or denied, on Guam or any state, by the federal government or by any other jurisdiction?	Yes	No
4.	Have you ever had a civil order, verdict or judgment entered against you in any court of competent jurisdiction, on Guam or any state, by the federal government or by any other jurisdiction?	Yes	No

Attach a letter of explanation for any "Yes" answer. Include the charge, date of conviction, civil judgment or order, county jurisdiction, state and disposition of charges.

I certify under penalty of perjury under the laws of Guam that the information above and all information submitted with the renewal application is true and correct. Further, I have completed the required continuing education requirements for my license renewal as stipulated in Public law 30-152 §18128.4

APPLICANT SIGNATURE

DATE



CONTINUING EDUCATION REQUIREMENTS

In compliance with Public Law 30-152 Barbering and Cosmetology Act of 2010 of the Guam Board of Barbering and Cosmetology, all licensees are required to submit *documented* continuing education hours for renewal of license(s).

Continuing Education Hours may include:

1. **Membership** in national or local associations:
 - a. Membership in a national or local association of the licensee's area of specialty will provide a maximum two (2) credit hours within the renewal period.
2. **Online Webinars to appropriate professional materials** – one (1) credit hour per webinar, maximum of two (2) webinars within the renewal period.
3. **Conference** – one (1) credit hour per conference hour, maximum three conference hours. The conference must be within the renewal period.
4. **Teaching, Workshop, In-Salon Training** – one (1) credit hour of teaching, workshop, in-services *limited to* three (3) credit hours within the renewal period (all must be pre-approved by the Board at least 90 days prior to commencement (§18128.4(h))).
5. **Sanitation, Equipment Sterilization, and/or Client Protection Training** – one (1) credit hour of training, maximum two (2) credit hours within the renewal period.

NOTE: Per Public Law 30-152 §18128.4(f) – Cosmetology licensees or instructor licensees who are at least sixty-five (65) years of age, and have held a cosmetology or instructor license for at least fifteen (15) years will only be required to complete two (2) hours of continuing education in health and safety.



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GUAM BOARD OF BARBERING AND COSMETOLOGY
 194 Hernan Cortez Ave. #213, Hagatña, GU 96910



CONTINUING EDUCATION REPORT

FOR OFFICE USE Date Received & By: _____ Comments: _____

PLEASE TYPE OR PRINT (Use Blue or Black Ink Only)			
Last Name:	First Name:	Middle Name:	
Email Address:	Telephone Number:	License Number:	
Mailing Address:		Current Employer:	

CONTINUING EDUCATION RECORD:
 In compliance with the Barbering and Cosmetology Act of 2010 (P.L. 30-152), the Guam Board of Barbering and Cosmetology will be requiring proof of six (6) hours of continued education hours (P.L. 30-152; §18128.4) related to the following topics:
 Four (4) Hours: Cosmetology, Barbering, Barber-Styling, Manicuring, Esthetician, Electrology
 Two (2) Hours: Health and Safety relative to sanitation, sterilization of equipment, and client protection.

Date	Topic	Organizer's Name	Hours

Total Number of Credit Hours Reported _____

I understand that my application will not be accepted for processing until it has been completed in its entirety and, therefore, I hereby affirm and declare that the above information is true and correct and that any fraudulent entry may be considered cause for rejection or subsequent revocation. Furthermore, I understand that it is my responsibility to provide the necessary documentation to support my continuing education hours for my renewal application to be considered complete.

 Signature

 Date



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
GUAM BOARD OF BARBERING AND COSMETOLOGY
 194 Hernan Cortez Ave. #213, Hagatña, GU 96910



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
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 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: _____

Account #: DPH324156347



CASHIER COPY

RECORD OF PAYMENT

IV. IDENTIFICATION

Name: _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____

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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|---|-----------|
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