



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



Physical: 194 Hernan Cortez Ave, Ste 213, Hagatna, GU 96910
 www.dphss.guam.gov • Ph.: 1.671.735.7410 • Fax: 1.671.735.7413

SPECIAL JAPANESE LICENSE CHECKLIST

Name of Applicant: _____

Date Application Submitted: _____

1. Completed and notarized Application
2. Two 2 ½ x 2 ½ Photo (Must be within the last 90 days and white background – signed and date on the back)
3. Photo ID with date of birth or certified copy of birth certificate
4. Three (3) letters of reference of good moral character addressed to the 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.
5. Police Clearance (Within the last 12 months)
6. Payment Fee of \$200.00 for Initial Application and \$800.00 for Annual Special License
7. Must be over sixteen (16) years of age
8. Completed technical instruction, a **minimum of 1,600 hours in a school term of at least nine (9) months**, detailing the subjects and hours of training

For out of country graduates: Request for “General Evaluation” from the following:

AEQUO International
 150 4th Ave. N. Suite 850
 Nashville, TN 37219
 Telephone: (844) 882-3786
 Email: infor@aequointernational.com
 Website: <https://nasba.tfaforms.net/327178>

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



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**APPLICATION FOR EXAMINATION
 AND INITIAL LICENSE**

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. ****Special Japanese License**

Check one box for type of license to which you are applying:

<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 Hrs / 6 Semester Hrs Fee: \$20.00
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Are you an Apprentice:
 Yes No If yes, please indicate Apprentice Number and expiration date: _____

Is this your first time taking the National Interstate Council (NIC) of State Boards of Cosmetology Examination?
 Yes 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 last application? Yes No
 If yes, please submit a "Name Change" form with the required documentation for a name change along with this application.

SECTION A: APPLICANT INFORMATION
 (The name on your application MUST match the name on your government issued photographic identification)

Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Contact Number: _____ Email Address: _____
 Home: _____ Cell: _____

SECTION B: QUALIFICATIONS (Choose one)

Guam Students
 I graduated from a Guam Board approved school. The Proof of Education Document and Transcript will be transmitted directly from the school.

Out of State / Out of Country Students

I completed my school in another state, but did not receive a license. (Please have your school completed Form B "Out of State Applicant School Training Record" with transcripts mailed directly to the Board Office)

I went to school and/or held a license in another country, and I have requested an Evaluation Service to evaluate my credentials and send a report directly to the Board. (Please see requirements checklist for our of country evaluation services)

I hold a current license in another State; it has been active for more than 2 years. I have requested the State with which I hold current license to send a Verification of Licensure directly to the Guam Board of Barbering and Cosmetology.

Reciprocity

The Board shall grant a license without an examination to practice to an out of state applicant if the applicant submits:
 (a) A completed application form and all fees required by the Board. (b) Proof that the applicant has passed the NIC Nationally Standardized Theory and Practical Exam. (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 which time the applicant has not been subject to disciplinary action or a criminal conviction. *If you qualify as stated above, complete the "Application for Reciprocity" from the Guam Board of Barbering and Cosmetology.*



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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 conviction(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 you describing the underlying circumstances or arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems.

Letter of reference from past and/or current employers.

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 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 governmental authority in this Territory or any state, 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 and 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 penalty of perjury under the laws of the Territory of Guam that all statements furnished in connection with this application are true and accurate.

Signature of Applicant

Date



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FORM B – OUT OF STATE SCHOOL TRAINING RECORD

Complete this form *only* if you did not become licensed in the state in which you received your training

Mail this form to the school you attended. Request for the school to complete this form and mail it *directly* to the Guam Board of Barbering and Cosmetology.

SECTION A: APPLICANT INFORMATION

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:	State:	Zip Code:
Social Security Number: _____			Date of Birth: ____/____/____		

SECTION B: SCHOOL INFORMATION

Name of School:				
Address:		City:	State:	Zip Code:
School is licensed by?		License Number:	License Expiration Date:	
School Contact Name:		Telephone Number:	Email Address:	

Student's Training Information:

- Training Category (Check all applicable boxes):
 - Barbering
 - Cosmetology
 - Esthetics (Skin Care Only)
 - Manicuring (Nail Care Only)
- Total Hours Completed: _____
- Enrollment Date: _____
- Completion/Withdrawal Date: _____

Attach a transcript that shows the number of hours completed in each subject area as required by Guam P.L. 30-152 Barbering and Cosmetology Act of 2010.

SECTION B: SCHOOL INFORMATION

I certify under penalty of perjury under the laws of the Territory of Guam that the foregoing is true and correct.

Authorized Signature of School Official

Print Name of Authorized Personnel

Date



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



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: _____



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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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