



Barber, Cosmetologist, Esthetician, or Manicurist Original License Application for Washington State Graduate

To apply, send this completed form, payment in a check or money order payable to Department of Licensing and any attachments relating to answers in the applicant information section below to: **Department of Licensing, PO Box 3856, Seattle, WA 98124-3856**

This license application is for a: *(check one)*

- Barber Cosmetologist Esthetician Master Esthetician Manicurist Instructor

Applicant information

TYPE or PRINT Name (<i>Last, First, Middle</i>)			Date of birth (mm/dd/yyyy)	
Mailing address			Email	
City	State	ZIP code	(Area code) Home telephone number	
Current or previous license number	Social Security number required*		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
<p>1. Have you been convicted of a crime, misdemeanor or felony, in this or any other state, by the federal government or by any other jurisdiction within the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment, in this or any other state, by the federal government or by any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused, or denied, in this or any other state, by the federal government or by any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction, in this or any other state, by the federal government or by any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Attach a letter of explanation for any "Yes" answer. Include the charge, date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.</p>				

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it may result in denial of your application.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____ **X** _____
Date and place Applicant signature

Providing false information in this application may be cause for the denial, suspension, or revocation of your license in the state of Washington. We may conduct a complete background investigation.

Education – to be completed by an authorized school representative, apprentice trainer, or salon owner

Name of school/apprentice salon		Name of authorized school representative, apprentice trainer, or salon owner		
School hours completed				
<input type="checkbox"/> Barber (1,000)	<input type="checkbox"/> Cosmetologist (1,600)	<input type="checkbox"/> Esthetician (750)		
<input type="checkbox"/> Master Esthetician (1,200)	<input type="checkbox"/> Manicurist (600)	<input type="checkbox"/> Instructor (500)		
Apprentice hours completed				
<input type="checkbox"/> Barber (1,200)	<input type="checkbox"/> Cosmetologist (2,000)	<input type="checkbox"/> Esthetician (800)	<input type="checkbox"/> Master Esthetician (1,400)	<input type="checkbox"/> Manicurist (800)
Start date	Completed date	Total clock hours earned		

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

_____ **X** _____
Date and place Signature of authorized school representative, apprentice trainer, or salon owner