



Barber, Cosmetologist, Esthetician, or Manicurist License Renewal, Reinstatement, Out-of-State or Reciprocity Application

You can use this form to apply to renew, reinstate, or transfer your barber, cosmetologist, esthetician, manicurist, or instructor license(s). Send this completed application, any required payment, and attachments to:

Cosmetology
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

For validation only

01P-070-925-0000

This application is for the following type of license(s): *(check all that apply)*

- Barber Cosmetologist Esthetician Manicurist Instructor

Application type and fees, payable to the Washington State Treasurer: *(check one)*

- Renewal—**\$40, \$60 for late renewal**. A renewal fee is required for each type of license.
- Reinstatement of a canceled license—**no fee**. If you have not renewed within one year of your expiration date, your license has been canceled. You must contact DL Roope Administration at 1-888-375-2020 or www.dlroope.com. When you have passed the required examinations, send the original pass letters and this application to the address above.
- Reciprocity—**\$40**, if you have passing National-Interstate Council of State Boards of Cosmetology (NIC) test scores. Attach proof that you have passed both exams and proof of current licensure from the issuing state or country or arrange for that state or country to mail it directly to us. A copy of your license is not acceptable.
- Out of state—**no fee**, if you do not have passing NIC test scores. Attach proof of current licensure from the issuing state or country or arrange for that state or country to mail it directly to us. A copy of your license is not acceptable. You must pass both the NIC written and practical exams before we will issue a license.

Applicant information

TYPE OR PRINT Name <i>(Last, First, Middle)</i>			Date of birth	
Residence address				
City	State	ZIP code	(Area code) Home telephone number	
Current or previous license number	Social Security number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
<ul style="list-style-type: none"> • 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 • 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 • 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 • 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>Attach a letter of explanation for any "Yes" answer to the questions above. Include the charge, date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.</p>				

Certification

Providing false information in this application may be cause for the denial, suspension, or revocation of your professional license in the state of Washington. We may conduct a complete background investigation (RCW 18.170).

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

Date and place

X

Applicant signature