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WASHINGTON STATE DEPARTMENT OF LICENSING

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 *(Last, First, Middle)*			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 ☐ Male ☐ Female

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? ☐ Yes ☐ No
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? ☐ Yes ☐ No
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? ☐ Yes ☐ No
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? ☐ Yes ☐ No
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.

*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.

Date and place

X When you have completed this form, please print it out and sign here.
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
☐ Barber (1,000) ☐ Cosmetologist (1,600) ☐ Esthetician (750)
☐ Master Esthetician (1,200) ☐ Manicurist (600) ☐ Instructor (500)

Apprentice hours completed
☐ Barber (1,200) ☐ Cosmetologist (2,000) ☐ Esthetician (800) ☐ Master Esthetician (1,400) ☐ 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.

Date and place

X Authorized school representative, apprentice trainer, or salon owner signs here.
Signature of authorized school representative, apprentice trainer, or salon owner

RCW 18.16, 18.235, 26.23.150