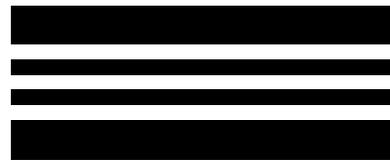




**Cosmetology, Hair Design,
Barber, Manicurist, Esthetician,
or Master Esthetician
License, Renewal,
Reinstatement, or
Reciprocity Application**



Apply renew, reinstate, or transfer your license.

Online: <https://professions.dol.wa.gov>

Or mail this completed application, any documents, and a check or money order payable to the Department of Licensing to:



Cosmetology Program
Department of Licensing
PO Box 3856
Seattle WA 98124-3856

For questions or language help call (360) 664-6626

Application for *(check all that apply)*

- Cosmetology Hair Design Barber Manicurist Esthetician Master Esthetician

Application type and fees

- General application – \$25 each:** Must have completed all school or apprenticeship hours and both the written and the practical exams before your application can be processed.
- Renewal (Washington State only) – \$55 each or \$110 each if late.**
- Reinstatement of a canceled license:** If you haven't renewed within 1 year of your expiration date, your license is in cancellation. Provide a copy of a previously held Washington State license or renewal notice. Washington requires a written and practical examination for licensure. You will be contacted with exam scheduling information. Third-party testing fees may apply.
- Out-of-jurisdiction – \$50 per license:** To get a license, submit a copy of a current and valid license and proof of exams. If you have not taken exams, Washington State requires written and practical exams before licensure. You will be contacted with exam scheduling information. Third-party testing fees may apply. Contact your licensing board, institution, or agency to request verification showing a license in good standing and proof of exams. You may provide other documentation if your jurisdiction cannot provide verification.

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Applicant information

TYPE or PRINT Name as you would like it to appear on your license		Date of birth
Full legal name <i>(First, Middle, Last)</i>		
Mailing address		
City	State	ZIP code
Current or previous Washington license number	Out-of-jurisdiction license number	Social Security number* <i>(New/Reinstatement only)</i>
Military? <i>(check if applicable)</i> Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner		
Email		(Area code) Phone number

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

- 1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? Yes No
- 2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

X

Applicant signature

Date and place

Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.