



**Cosmetology, Hair Design, Barber,  
Manicurist, Esthetician,  
Master Esthetician, or Instructor  
License Renewal,  
Reinstatement, Out-of-Country,  
or Reciprocity Application**



You can use this form to apply to renew, reinstate, or transfer your licenses.

Send this completed application, any attachments, and a check or money order payable to the Department of Licensing to:

**Department of Licensing, PO Box 3856, Seattle WA 98124-3856**



**Questions?** Call (360) 664-6626

**We cannot issue your license if your application is incomplete.**

**This application is for the following licenses:** *(check all that apply)*

- Cosmetology    Hair Design    Barber    Manicurist    Esthetician    Master Esthetician    Instructor

**Application type and fees:**

- Renewal (Washington State only) – \$55 each or \$110 each if late**
- Reinstatement of a canceled license:** If you have not renewed within one year of your expiration date, your license has been canceled. You are required to take a written and a practical examination. We will contact you in writing with exam scheduling information. Third-party testing fees may apply.
- Out-of-country:** To obtain licensure, submit a certification of your current license and proof of practical and written exams taken. A copy or original license is not a valid certification. If you have not taken the exams, we will contact you in writing with examination scheduling information. Third-party testing fees may apply.
- Out-of-state (Reciprocity) – \$50 per license.** To obtain reciprocity, submit certification of your active license that shows you have passed practical and written exams from the state in which you are licensed. A copy or original license is not a valid certification.

**Reciprocity only:** Have you requested certification from the Board or agency in the state where you took your practical and written exams? . . . . .  Yes    No

<b>TYPE or PRINT</b> Name <i>(Last, First, Middle)</i>		Date of birth	
Mailing address			
City		State	ZIP code
Current or previous Washington license number	Out-of-state license number	Social Security number required*	
Email		(Area code) Telephone number	

Answer the following  
**If you answer "Yes" to any of these questions**, attach a letter of explanation. Include the following court documents for each conviction: information, probable cause, and judgment and sentence. If you are on supervision, please provide contact information for your supervising official.

- In this state or any other jurisdiction are you or have you:
1. Within the last 10 years, had any action (fine, suspension, revocation, censure, etc.) taken against any professional or occupational license, certification, or permit held by you? . . . . .  Yes    No
  2. Within the last 10 years, had any civil court order, verdict, or judgment entered against you? . . . . .  Yes    No
  3. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses) . . . . .  Yes    No
  4. Currently under indictment, or is there a criminal complaint, charge, or information pending against you? . . . . .  Yes    No

\*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**  
Applicant signature