



WASHINGTON STATE DEPARTMENT OF
LICENSING

**Cosmetology, Hair Design, Barber,
Manicurist, Esthetician, or
Master Esthetician Apprentice
Salon Shop Data Sheet**



Complete online: <https://professions.dol.wa.gov>

Or mail this completed form to:

Cosmetology
Department of Licensing
PO Box 9026
Olympia WA 98507-9026



20903-AUDITING

For questions or language help call: (360) 664-6651

Salon information

TYPE or PRINT Salon shop name		Salon shop license number
UBI/UBI Business ID/UBI Location ID (16 digits)		
Business mailing address (Address, City, State, ZIP code)		
Business physical address (Address, City, State, ZIP code)		
(Area code) Business phone number	Email	
Business owners names (Last, First, Middle)		

Total number of hours required for course completion

Curriculum 1	Cosmetology	Hair Design	Barber	Manicurist	Esthetician	Master Esthetician
Curriculum 2	Cosmetology	Hair Design	Barber	Manicurist	Esthetician	Master Esthetician

Authorized trainers

Authorized trainers				Department use only		
Last name	First name	Middle name	License no.	Issue date	Expiration date	Status
				X		
				Department approving signature		Date

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

TYPE or PRINT Name

X

Date and place

Signature

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