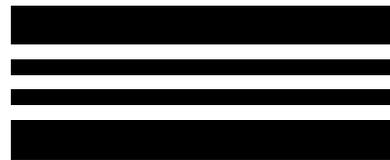




WASHINGTON STATE DEPARTMENT OF
LICENSING

**Cosmetology, Hair Design,
Barber, Manicurist, Esthetician,
Master Esthetician, or Instructor
Inactive License Request**



You can use this form to request that a current license be placed in inactive status or to request an extension of the inactive license status. Send your completed request and any applicable fee in a check or money order payable to the Department of Licensing to:

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



RCW 18.16.290 allows licensees to place their **current** cosmetology, hair design, barber, manicurist, esthetician, master esthetician, or instructor licenses in an inactive status. **A fee of \$15 is required for each license being placed in the inactive status.** If the expiration date of the license is no more than six months from the date of the inactive status request, the licensee may request a two-year extension at no extra cost. Additional extensions of the inactive status may be requested no more than once in a 24-month period and cannot exceed more than six consecutive years. There are no fees required for extensions to the inactive license status, however, a new request must be completed for each extension.

If during the time the license was placed on an inactive status, the health or other requirements applicable to the license have changed, the Department may require that the licensee successfully complete a minimum number of curriculum hours deemed necessary to bring the licensee current with these changes. Those curriculum hours must be earned in a licensed school in Washington State and cannot exceed four hours per year that the license was inactive.

In the event a licensee fails to request an extension or pay the license renewal fee by the expiration date of the inactive license, the license will become cancelled. In order to reinstate a cancelled license, the licensee will be required to submit an application, pay the license fee, meet current licensing requirements, and pass any applicable examinations.

Name		License number	
Address			
City	State	ZIP code	

License types *(check all that apply)*

You can choose to make your license inactive or extend your current inactive status by two years.

Cosmetology

- Inactive \$15
- Two-year extension \$0

Hair Design

- Inactive \$15
- Two-year extension \$0

Barber

- Inactive \$15
- Two-year extension \$0

Manicurist

- Inactive \$15
- Two-year extension \$0

Esthetician

- Inactive \$15
- Two-year extension \$0

Master Esthetician

- Inactive \$15
- Two-year extension \$0

Instructor

- Inactive \$15
- Two-year extension \$0

PRINT or TYPE Name

X

Signature

Date and place

Notarization

State of _____, County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____ by _____
Signature

(Seal or stamp)

Title _____ Printed or stamped name
My appointment expires _____