

Instructor of Cosmetology, Hair Design, Barber, Manicurist, Esthetician, or Master Esthetician License, Renewal, or Reciprocity Application

Renew, reinstate, or transfer your instructor 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.

We cannot issue your license if your application is incomplete.

Application type and fees

General application – **\$35:** Submit once you have completed all education hours, passed the written and practical exams, and hold an active operating license in Washington State.

Renewal (Washington State only) – \$66 or \$131 if late.

Reinstatement of a canceled license: If you have not renewed within one year of your expiration date, your license is in cancellation. Provide a copy of a previously held Washington State license or renewal notice. Washington State requires a written and practical examination for licensure. You will be contacted with exam scheduling information.

Third-party testing fees may apply.

Reciprocity/Out-of-jurisdiction—**\$60:** 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 and an active operating license. 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.

Do you have a license in another jurisdiction? Yes No
 Did you pass exams to obtain your license? Yes No

Endorsements	(check all that apply)

Cosmetology	Hair Design	Barber	Manicurist	Esthetician	Master Esthetician	
icenses are available for self-printing with an online account.						
f you want us to print and mail your license add a \$5 print fee for each copy to your payment.						
\$0 self-print lice	ense online.				•	
\$5 each. DOL p	rint and mail lice	nse. Quanti	ty Total	\$		

Applicant information

TYPE or PRINT Name as you would like it to appear on your license			Date of birth (mm/dd/yyyy)
Full legal name (First, Middle, Last)			
Mailing address			
City		State	ZIP code
Current or previous Washington license number	Out-of-jurisdiction license number	Social Security n	umber* (New/Reinstatement only)

^{*}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).

Applicant information (continued)

Military? (check if applicable) Current or former:	Military member	Military spouse or domestic p	artner
Email			10-digit phone number

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	
Date and place	Applicant signature	

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