

Application for Temporary Permit - BEAUTY OPERATOR Read "Requirements & Instructions" before completing this form. Only approved applicants for exam and license will be eligible for a temporary permit. Complete this form and submit a \$40 fee.			Permit No.	Eff. Date
			Exp. Date	
Legal Name (First, Middle)		(Last)	Mailed:	
Other Names Used:			FOR OFFICIAL USE ONLY	
Residence Address (Include apt. no., city, state & zip code) - REQUIRED				
Mailing Address (ONLY if different from above)				
Licensure Category (check box): <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Hairdresser <input type="checkbox"/> Esthetician <input type="checkbox"/> Nail Technician				
Social Security No.	Phone No. (days) Res: Bus:	Month and Year of the Exam you intend to register for:		

Check answers and give details when required:

1. Are you aware that the temporary permit is a privilege to train and work in Hawaii while the applicant is awaiting the examination? YES NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
 (If "NO", you will not be issued a Temporary Permit, **therefore, do not complete this form.**)
3. Are you aware that you are required to apply for and qualify for the examination to become eligible for a temporary permit? YES NO
4. Are you aware that once issued, the temporary permit is valid for three (3) examinations scheduled by the Board (approx. 1 year), in which time the applicant is required to take and pass the examination? ... YES NO
5. Are you aware that after a temporary permit has been in force for this 3-examination period, that the permit is **NOT EXTENDED OR REISSUED, BUT YOU ARE STILL ELIGIBLE TO TAKE THE EXAM BUT NOT WORK?** YES NO
6. For this reason, are you aware that the Board encourages you, once approved for examination, to register with the testing agency and take the first available and all subsequent examinations?..... YES NO
7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ... YES NO

(CONTINUED ON PAGE 2)

Print Name of Applicant: _____

Date: _____

Affidavit of Applicant:

I hereby certify that the statements, answers, and representations made on this application are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license/permit and is a misdemeanor (Section 710-1017, Section 436B-19, and Section 439-19, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 439 and Hawaii Administrative Rules, Chapter 16-78.

Signature of Applicant

Date

Print Name of Applicant

Release of Information to Third Party:

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

..... **DO NOT DETACH**

TEMPORARY BEAUTY OPERATOR'S PERMIT

Board of Barbering and Cosmetology
State of Hawaii
P.O. Box 3469
Honolulu, HI 96801

This temporary permit authorizes the individual named in the block below the privilege to train and work in the State of Hawaii as a beauty operator in the category(ies) noted below. The individual shall be employed in a properly licensed beauty shop under the supervision of a licensed beauty operator. This permit shall be valid for the period stated, approximately one year, **IS ISSUED ONLY ONCE AND WILL NOT BE EXTENDED OR REISSUED.** The applicant is, therefore, encouraged to register for and take the first available and all subsequent scheduled examinations.

PRINT YOUR NAME & COMPLETE MAILING ADDRESS in the block below:

Licensure Category:

- Cosmetologist
- Hairdresser
- Esthetician
- Nail Technician

Effective Date: _____

EXPIRATION DATE: _____

PERMIT NO. _____

VALID ONLY WHEN EXECUTED BY THE EXECUTIVE OFFICER OF THE BOARD OF BARBERING AND COSMETOLOGY, STATE OF HAWAII.

Executive Officer