

INSTRUCTIONS FOR FILING – BEAUTY OPERATOR (EXAM WAIVER)

Access this form via website at: cca.hawaii.gov/pvl

GENERAL INFORMATION The Hawaii Beauty Operator license has four (4) categories. The training required for each category may be satisfied through either beauty school or beauty apprenticeship. **TWO APPRENTICE HOURS ARE EQUIVALENT TO ONE BEAUTY SCHOOL HOUR.** Review the required number of hours for each category:

		Beauty School Hours	Beauty Apprenticeship Hours
Cosmetologist:	Hairdressing, esthetics, and nail technology	1800	3600
Hairdresser:	All aspects of hair services	1250	2500
Esthetician:	Skin care, spa and make-up services	600	1200
Nail Technician:	Manicure and pedicure services	350	700

NIC EXAM REQUIRED All applicants are required to obtain a passing score on the National-Interstate Council of State Boards of Cosmetology (“NIC”) examination. **If you have not yet taken the NIC examination, please refer to the “Beauty Operator (By Exam)” application.** If you are unsure if your jurisdiction administered the NIC, please refer to the Examination Waiver List at the end of the application.

STEP 1 – SATISFY THE QUALIFICATION REQUIREMENTS AND SELECT ONE PATHWAY

AGE You must be at least sixteen (16) years of age.

SOCIAL SECURITY NUMBER If you are applying as an individual/sole proprietor, your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a licensed to be issued, you must provide your Social Security Number, or your application will be deemed deficient and will not be processed further.** The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires that Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES (“HRS”):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and **§436B-10(4), HRS** which states that an applicant for license shall provide the applicant’s Social Security Number if the licensing authority is authorized by federal law to require the disclose (and by the federal cites shown above, we are authorized to require the Social Security Number).

GENERAL EDUCATION You must either be a high school graduate or possess an education equivalent to the completion of high school. As an alternative, proof of one (1) year of **LICENSED** beauty operator experience in another jurisdiction satisfies this requirement.

LICENSE PATHWAYS You may qualify for licensure through multiple pathways. Select **ONE** pathway which best applies to your training and refer to Page 2 to determinate what documentation must be included with your application.

If you do not qualify through at least one pathway, you must make up the remaining hours through additional beauty school or beauty apprenticeship training.

- (1) I have attained the required number of beauty school hours.
- (2) I have attained the required number of beauty apprenticeship hours.
- (3) I possess a beauty license in another jurisdiction.

(CONTINUED ON PAGE 2)

STEP 2 – SUBMIT YOUR APPLICATION WITH APPLICABLE FEES AND SUPPORTING DOCUMENTS

APPLICATION FORM	Complete the online fillable form or print legibly in black ink and ATTACH appropriate documentation. FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION.
LICENSEE FEES	<p>ATTACH the applicable license fee below.</p> <p>Applicant who will be licensed in an EVEN-numbered year, pay \$165 (Application-\$20 + License-\$22 + CRF-\$100 + 1/2 Renewal-\$23)</p> <p>Applicant who will be licensed in an ODD-numbered year, pay \$92* (Application-\$20 + License-\$22 + CRF-\$50)</p> <p>Make checks payable to: COMMERCE AND CONSUMER AFFAIRS Checks must be in U.S. dollars and be from a U.S. financial institution.</p> <p>The Compliance Resolution Fund (CRF) was established by the 1982 Legislature (Section 26-9(m), Hawaii Revised Statutes) to expedite resolution of consumer complaints filed with DCCA.</p> <p>NOTE: <i>One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.</i></p>
FOREIGN LANGUAGE	<p>All documents must be in English. If documents are not in English, the documents must be translated into English. Submit a copy of the foreign document with (1) the ORIGINAL English translation and (2) an ORIGINAL declaration from the translator that the translation is accurate, and that the translator is fluent in both the foreign language and English. <u>The translator cannot be the applicant.</u> Supporting documents in other names MUST be listed on your application under the “Other Names Used” section.</p> <p>Example: “I certify that I am competent in both the English language and the <i>(language of the document)</i> language and that this is a true and complete translation of the foreign language original.”</p>
PATHWAY (1): BEAUTY SCHOOL	ATTACH a copy of your beauty school transcript that reflects the breakdown of subjects and hours of your school.
PATHWAY (2): APPRENTICESHIP	ATTACH completed and ORIGINAL “Progress Report” and “Notice of Completion or Withdrawal” forms. These forms are attached to the application.
PATHWAY (3): OUT-OF-STATE LICENSE	ATTACH a copy of your license or a state board verification. If your jurisdiction requires LESS hours than Hawaii, ATTACH “Experience Verification Form(s)” totaling at least one (1) year of licensed experience in that jurisdiction. Refer to “Experience Verification Form” instructions below.
EXPERIENCE VERIFICATION FORM	<p>Have a qualified person(s), owner, manager, supervisor, etc. complete the form. You must provide the ORIGINAL and completed hardcopy to us. Your experience must total at least one (1) year of licensed Beauty Operator experience.</p> <p>The “Experience Verification” form is attached to this application and can also be found on the Board’s website at: http://cca.hawaii.gov/pvl/boards/barber/application_publications/.</p> <p>If you were self-employed, you may provide verification of your business through appropriate documentation (copy of shop/business license, tax records, or state board verification, etc.) in lieu of the “Experience Verification” form.</p>

(CONTINUED ON PAGE 3)

NIC EXAM SCORES **ATTACH** proof of passing the NIC examination, such as a “Score Report” or “Pass Report”. You may obtain this documentation from the out-of-State licensing authority in which you held or currently hold a license.

INCOMPLETE APPLICATIONS Incomplete applications will not be accepted, and a notice of deficiency will be sent. It is your responsibility to file a complete application in sufficient time to be approved to take the examination.

RELEASE OF INFORMATION If an agency or individual is assisting you with this licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete, sign, and date the portion on **Release of Information to Third Party**.

INSTRUCTIONS FOR “YES” ANSWERS TO QUESTIONS (5) THROUGH (7)

If you answered “YES” to questions 5-7, your application may be reviewed at a Barbering and Cosmetology Board meeting. The following documentation must be submitted with your application prior to Board review. The Board will not review incomplete applications.

- Questions 5 and 6 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is “YES” to one or more of these questions, **ATTACH**:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of facts and conclusions of law, and any other relevant documents;
- Question 7 refers to criminal convictions. If your answer is “YES” to this question, **ATTACH**:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer’s name, description of duties, training attended, and educational courses attended;
 - ii. A copy of the court order, verdict, and terms of sentence;
 - iii. If applicable, a copy of the terms of probation and/or parole and notarized statement from your probation or parole officer as to your compliance with the court orders;
 - iv. Signed statements from employers, business associates/clients, and others who can attest to your business dealings, including a statement as to your reputation for or record of experience, competency, honesty, truthfulness, financial integrity, and fair dealings; and
 - v. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao’a Building, 456 S. King Street, Rm. 101, Honolulu, HI 96813. Phone: (808) 587-3100 or visit their website at : ecrim.hawaii.gov to request a “Criminal History Record Check” form.

NOTE: If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks.

SEND YOUR APPLICATION

VIA MAIL:
Board of Barbering and Cosmetology
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

DELIVER IN-PERSON:
DCCA, PVL Licensing Branch
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

BOARD REVIEW All applications are subject to review by the Board; thus, please schedule the submittal of your application to allow for additional time that may be required for review and approval by the Board.

(CONTINUED ON PAGE 4)

LICENSE DENIAL If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes, Chapter 91. Your written request for a hearing should be directed to the Board of Barbering and Cosmetology and must be received by the Board within 60 days of the date that your application for licensure was denied.

ABANDONMENT OF APPLICATION Pursuant to HRS section 436B-9, your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested; or (2) failure to complete an examination requirement within two consecutive years from the date your application was approved; or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed to be abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

STEP 3 – MAINTAIN YOUR LICENSE

RENEWAL All licenses, regardless of date issued, expire on **DECEMBER 31** of every **ODD-NUMBERED** year. Licenses must be renewed on or before the expiration date. Approximately two months before the expiration date, a “Renewal Application” is mailed to all licensees at their mailing address of record. If you do not receive a renewal application one month prior to the expiration date, contact the Licensing Branch at (808) 586-3000.

LAWS AND RULES To obtain a copy of the Board of Barbering and Cosmetology’s laws and rules, submit a written request to the address on Page 2 of these instructions, or you may download them from cca.hawaii.gov/pvl.

- Barber law: Hawaii Revised Statutes chapter 438
- Barber rules: Hawaii Administrative Rules chapter 16-73
- Cosmetology law: Hawaii Revised Statutes chapter 439
- Cosmetology rules: Hawaii Administrative Rules chapter 16-78
- Professional and Vocational Licensing Act: Hawaii Revised Statutes chapter 436B

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

APPLICATION FOR LICENSE - BEAUTY OPERATOR (EXAM WAIVER)

Read "Requirements & Instructions" before completing this form.

Please type or print **LEGIBLY** in black ink.

Legal Name (First, Middle)	(Last)
OTHER NAMES USED (Previous surnames, maiden name, nicknames and aliases)	
Residence Address (Include Apt. No., City, State, & Zip Code) - REQUIRED	
Mailing Address (ONLY if different from residence location)	
Social Security No.	Phone No. (Days) Res: Bus:

FOR BOARD USE ONLY	<input type="checkbox"/> High School or <input type="checkbox"/> 1 yr. exp.				
	<input type="checkbox"/> Beauty Training or <input type="checkbox"/> O.S. license <input type="checkbox"/> BSC/BEP				
	<input type="checkbox"/> Approved (Initials/date):				
	Eff Date: _____ Lic No.: BEO- _____				
	<table style="width:100%; border: none;"> <tr> <td style="width: 25%;">ALL</td> <td style="width: 25%;">HAIR</td> <td style="width: 25%;">ESTN</td> <td style="width: 25%;">NAIL</td> </tr> </table>	ALL	HAIR	ESTN	NAIL
ALL	HAIR	ESTN	NAIL		

Check the appropriate category/categories you are **APPLYING FOR**:

<input type="checkbox"/> Cosmetologist (1800 school hrs / 3600 apprentice hrs)	<input type="checkbox"/> Hairdresser (1250 school hrs / 2500 apprentice hrs)	<input type="checkbox"/> Esthetician (600 school hrs / 1200 apprentice hrs)	<input type="checkbox"/> Nail Technician (350 school hrs / 700 apprentice hrs)
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BEAUTY TRAINING: Check **ONE** license pathway and **ATTACH** applicable documentation to show proof.

<input type="checkbox"/> (1) Beauty School <input type="checkbox"/> (3) Out-of-State License** (if less hours than Hawaii, <u>attach proof of one (1) year licensed exp.</u>) <input type="checkbox"/> (2) Apprenticeship	OUT-OF-STATE TRAINING & EXPERIENCE State of Training _____ Length of Training (Mo/Yr) _____ From: _____ To: _____
Total hours completed: _____	

- Check your answers. **If answer is "YES" to Questions 5-7, refer to the instructions for additional documents that must be submitted.**
1. Are you at least 16 years of age? 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
 3. Are you a high school graduate or possess an education equivalent to the completion of high school? YES NO
If "NO": **ATTACH** proof of one-year licensed experience in another jurisdiction.
 4. Have you taken and passed the NIC examination? YES NO
If "YES": **ATTACH** applicable proof. When did you pass? _____ What jurisdiction? _____
If "NO": **DO NOT** complete this application. Refer to the "Beauty Operator License (By Exam)" application.
 5. Has any license/certification/registration ever been suspended, revoked or otherwise subject to disciplinary action? ... YES NO
 6. Are there are any disciplinary actions pending against you? 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 – SIGNATURE REQUIRED ON APPLICATION)

Beauty Operator:	Appl 141 \$20	Lic 146 \$22
	Permit . . . 152 \$40	CRF 142 \$50/\$100
		1/2 (ren) . 130 \$23
		Svc Chrg . . BCF \$25

Print Applicant Name: _____

Date: _____

Failure to provide all the requested information will delay the processing of your application.

EDUCATION/TRAINING	Name of School or Shop	Location of School or Shop (city, state, country)	Dates Attended (mo/yr)		Highest Grade or Hours Completed	Course of Study
			From	To		
	High School				<input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
	Beauty School					
Apprenticeship						

EMPLOYMENT HISTORY	Name of Employer	Address of Employer	Dates Employed (mo/yr)		Average Hours Per Week	Position Title
			From	To		

BEAUTY LICENSES	Name of State (submit copy of license)	Method of Licensure	Type of License Held	Date First Licensed
		<input type="checkbox"/> State Exam <input type="checkbox"/> Reciprocity		
		<input type="checkbox"/> State Exam <input type="checkbox"/> Reciprocity		

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license 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

Release of Information to Third Party

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

Print Name of Individual who is assisting you: _____

Signature of Applicant

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

CERTIFICATION CATEGORIES

NAIL TECHNICIAN	HRS	200
ESTHETICIAN	HRS	300
HAIRDRESSER	HRS	200
COSMETOLOGIST (Includes all categories)	HRS	400

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

Name of Shop: _____
 Address of Shop: _____

License No. _____
 Phone No. _____

Name of Apprentice: _____

Registration No.: _____

Expiration Date: _____

Name of Supervising Operator: _____

Apprentice In: _____

Certification Category

APPRENTICESHIP PROGRESS REPORT

Training of Not Less Than 20 Hours Per Week

Subjects Covered	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month	Total
Theory													
Shop Management, Maintenance & Laboratory													
Haircutting & Shaping													
Scalp & Hair Treatments													
Hairdressing & Shampooing													
Permanent Waving													
Haircoloring & Bleaching													
Hair Straightening													
Facial & Makeup													
Manicuring and Pedicuring													
Unassigned													
TOTAL	700	1200	2500	3600									

In compliance with the apprenticeship requirements, the foregoing information is a true and correct report of the hours of the above-named apprentice for the period.

Form: COS-015B

Signature of Apprentice

Registration No. _____

Date _____

Attachment A

Signature of Supervising Operator

License No. _____

Date _____

FORM APPLIES TO PATHWAY 2

EXPERIENCE VERIFICATION FORM – BEAUTY OPERATOR

Access this form via website at: cca.hawaii.gov/pvl

PART I. TO BE COMPLETED BY APPLICANT	
<i>Instructions:</i> A. Complete information in Part I only. B. Have a qualified person complete Part II and sign the form. C. ATTACH the completed ORIGINAL form to the application. Copies are not acceptable.	
Applicant's Name: (First, Middle)	(LAST)
Complete Mailing Address: (include Apt. No., City, State and Zip Code)	Phone No.: (days)
	Date:

PART II. TO BE COMPLETED BY OUT-OF-STATE EMPLOYER OR SUPERVISOR. IF SELF EMPLOYED, COMPLETE THIS FORM AND ATTACH SHOP/BUSINESS LICENSE. Failure to provide all requested information will delay processing of application.				
The above person is applying for a beauty operator license in Hawaii. The applicant is required to submit proof of out-of-state experience as an operator or apprentice. Please supply the following information, sign the form, then return this form to the person at the above address.				
Employment Date	Termination Date	Total Length of Employment _____ yrs. _____ mos.	Avg. Hrs. Per Wk.	Applicant worked as an: (check one) <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> APPRENTICE
Describe the work performed by beauty operator or subjects taught to apprentice: <div style="border: 1px solid black; height: 150px; width: 100%;"></div>			If applicant is an APPRENTICE, list the number of training hours for each of the subjects listed below: Theory _____ Salon Management _____ Haircutting _____ Scalp & Hair Treatment _____ Hairdressing & Shampoo _____ Permanent Waving _____ Hair Color _____ Hair Straightening _____ Facials & Makeup _____ Manicuring & Pedicuring _____ Unassigned _____ <div style="text-align: right;">TOTAL _____</div>	

I hereby certify that the information provided on the above-named person is true and correct and that I am a licensed operator or qualified person.

Print Name of Out-of-State Employer/Supervisor/Qualified Person

Address of Employer (Line 1)

Signature of Out-of-State Employer/Supervisor/Qualified Person

Address of Employer (Line 2)

Employer/Supervisor License No.

(_____)_____
Phone Number

Date

EXAMINATION WAIVER LIST - JURISDICTIONS ADMINISTERING THE NIC

X – Denotes Administration of the NIC (subject to change without notice)

States/Districts/ Territories	Barber	Cosmetologist	Hairdresser	Esthetician	Nail Technician	Instructor
ALABAMA	X	X		X	X	X
ALASKA	X		X	X	X	X
ARIZONA		X	X	X	X	X
ARKANSAS		X		X	X	X
CALIFORNIA	X	X		X	X	
DELAWARE	X	X		X	X	X
GEORGIA	X	X	X	X	X	X
GUAM	X	X		X	X	X
IDAHO	X	X		X	X	X
ILLINOIS	X			X		X
IOWA	X	X		X	X	X
KANSAS	X					
KENTUCKY		X		X	X	X
LOUISIANA		X		X	X	X
MAINE	X	X		X	X	X
MISSISSIPPI	X					
MISSOURI	X	X	X	X	X	X
MONTANA	X	X		X	X	X
NEBRASKA		X		X	X	X
NEVADA						X
NEW HAMPSHIRE	X	X		X	X	X
NEW MEXICO	X	X		X	X	X
NORTH CAROLINA	X	X		X	X	X
NORTH DAKOTA		X		X	X	X
OKLAHOMA	X	X			X	X
RHODE ISLAND	X	X		X	X	X
SOUTH CAROLINA	X	X		X	X	X
SOUTH DAKOTA	X	X		X	X	
UTAH	X	X	X	X	X	X
VERMONT	X	X		X	X	
VIRGIN ISLANDS	X	X		X	X	
VIRGINIA	X	X		X	X	X
WASHINGTON	X	X	X	X	X	X
WASHINGTON DC	X	X		X	X	X
WEST VIRGINIA	X	X	X	X	X	
WISCONSIN	X	X		X	X	
WYOMING	X	X	X	X	X	X