

## INSTRUCTIONS FOR FILING – BARBER (BY EXAM)

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**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 already taken the NIC examination in another jurisdiction, please refer to the “Barber License (Exam Waiver)” application.

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### STEP 1 – SATISFY THE QUALIFICATION REQUIREMENTS AND SELECT ONE PATHWAY

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**AGE** You must be at least seventeen (17) 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).

**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 barber school or apprenticeship training.**

- (1) I have attained the required number of 1,500 barber school training hours.
- (2) I have attained the required number of 1,500 barber apprenticeship training hours.
- (3) I possess a barber license in another jurisdiction.

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

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**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.**

**INITIAL FEES** **ATTACH** the application fee of \$20.00 made payable to: *COMMERCE AND CONSUMER AFFAIRS*. Checks must be made in U.S. dollars and be from a U.S. financial institution. If you are requesting a **temporary permit** (see “Temporary Permit” section on Page 3), include an additional fee of **\$37.00**.

Application .....	\$20
Temporary Permit .....	\$37

Make checks payable to: **COMMERCE AND CONSUMER AFFAIRS**  
Checks must be in U.S. dollars and be from a U.S. financial institution.

**NOTE:** 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.**

<b>FOREIGN LANGUAGE</b>	<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 <b>ORIGINAL</b> English translation and (2) an <b>ORIGINAL</b> 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 <b>MUST</b> 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>
<b>PATHWAY (1): BARBER SCHOOL</b>	<p><b>ATTACH</b> a copy of your barber school transcript that reflects the breakdown of subjects and hours of your school.</p>
<b>PATHWAY (2): APPRENTICESHIP</b>	<p><b>ATTACH</b> completed and <b>ORIGINAL</b> “Notice of Completion or Withdrawal” form. This form is attached to the application.</p>
<b>PATHWAY (3): OUT-OF-STATE LICENSE</b>	<p><b>ATTACH</b> a copy of your license or a state board verification; <b>AND</b></p> <p>If your jurisdiction requires <b>LESS</b> hours than Hawaii, <b>ATTACH</b> “Experience Verification Form(s)” totaling at least six (6) months of licensed experience in that jurisdiction. Refer to “Experience Verification Form” instructions below.</p>
<b>TEMPORARY PERMIT</b>	<p>The temporary permit is <b>OPTIONAL</b> and allows you to work and train under the supervision of a qualified licensee while waiting to take and pass the licensing examination. If you are requesting a temporary permit, <b>ATTACH</b> the temporary permit application with an additional <b>\$37.00</b> fee with your Barber application.</p> <p>The temporary permit is valid for a period covering four (4) consecutive <b>examination windows</b> (approximately one year) and is issued <b>one time only and cannot be extended or renewed. Once your temporary permit expires, you must apply and train as an apprentice barber for six (6) months before qualifying for another temporary permit.</b></p>
<b>EXPERIENCE VERIFICATION FORM</b>	<p>Have a qualified person(s), owner, manager, supervisor, etc. complete the form. You must provide the <b>ORIGINAL</b> and completed hardcopy to us. Your experience must total at least six (6) months of licensed Barber experience.</p> <p>The “Experience Verification” form is attached to this application and can also be found on the Board’s website at: <a href="http://cca.hawaii.gov/pvl/boards/barber/application_publications/">http://cca.hawaii.gov/pvl/boards/barber/application_publications/</a>.</p> <p>If you were <b>self-employed</b>, 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>
<b>INCOMPLETE APPLICATIONS</b>	<p>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.</p>
<b>RELEASE OF INFORMATION</b>	<p>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 <b>Release of Information to Third Party.</b></p>

(CONTINUED ON PAGE 3)

## **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](http://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.

### **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.

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### STEP 3 – PASS THE NIC EXAMINATION

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<b>NIC EXAM</b>	The testing agency, Prometric, administers the NIC examination to applicants after the application has been approved. If your application is approved by the Board, you will receive an email from ISO Quality Testing ( <a href="mailto:registrations@isoqualitytesting.com">registrations@isoqualitytesting.com</a> ) with instructions to pay the required testing fee in order to schedule an appointment to take the examination. The examination is provided in the English language (written theory only; practical not required). <b>Additional computer-based testing centers are anticipated to open.</b>
<b>OFFICIAL SCORE REPORT</b>	Approximately two weeks after the examination date, applicants who obtained a passing score will receive an email with their official score report, and a link to the “Fees Due” form containing instructions to pay remaining license fees. Applicants who do not obtain a passing score will receive instructions on re-examination. <b>If you have not obtained a passing score after one year, you will be required to apply and train as an apprentice barber for six (6) months before qualifying for another series of examinations.</b>
<b>ABANDONMENT OF APPLICATION</b>	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.

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### STEP 4 – PAY REMAINING LICENSE FEES AND MAINTAIN YOUR LICENSE

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<b>LICENSE FEES</b>	<p>After receiving the official score report, <b>ATTACH</b> the “Fees Due” notice with the required license fee and deliver to the PVL Licensing Branch (address on Page 3):</p> <p>Applicant who will be licensed in an EVEN-numbered year, pay . . . . . \$139 (License-\$16 + CRF-\$100 + 1/2 Renewal-\$23)</p> <p>Applicant who will be licensed in an ODD-numbered year, pay . . . . . \$66* (License-\$16 + CRF-\$50)</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>
<b>RENEWAL</b>	All licenses, regardless of date issued, expire on <b>DECEMBER 31</b> of every <b>ODD-NUMBERED</b> year. Licenses must be renewed on or before the expiration date. Approximately two months before the expiration date, a renewal notice is mailed to all licensees at their mailing address of record. If you do not receive a renewal notice one month prior to the expiration date, contact the PVL Licensing Branch at (808) 586-3000.
<b>LAWS AND RULES</b>	<p>To obtain a copy of the Board of Barbering and Cosmetology’s laws and rules, submit a written request to the address on Page 3 of these instructions, or you may download them from <a href="http://cca.hawaii.gov/pvl">cca.hawaii.gov/pvl</a>.</p> <ul style="list-style-type: none"><li>• Barber law: Hawaii Revised Statutes chapter 438</li><li>• Barber rules: Hawaii Administrative Rules chapter 16-73</li><li>• Cosmetology law: Hawaii Revised Statutes chapter 439</li><li>• Cosmetology rules: Hawaii Administrative Rules chapter 16-78</li><li>• Professional and Vocational Licensing Act: Hawaii Revised Statutes chapter 436B</li></ul>

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 – BARBER (BY EXAM)**

Read "Requirements & Instructions" before completing this form.

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

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

<b>FOR BOARD USE ONLY</b>	<input type="checkbox"/> Initial	<input type="checkbox"/> BAS/BAP
	<input type="checkbox"/> 1,500 hours	or <input type="checkbox"/> O.S. license
	<input type="checkbox"/> Approved (Initials/date):	
	Eff Date:	Lic No.: <b>BAR-</b>

<b>BARBER TRAINING:</b> Check <b>ONE</b> license pathway and <b>ATTACH</b> applicable documentation to show proof.	
<input type="checkbox"/> (1) Barber School <input type="checkbox"/> (3) Out-of-State License** ( <i>if less hours than Hawaii, attach proof of six (6) months licensed exp.</i> ) <input type="checkbox"/> (2) Apprenticeship	<b>OUT-OF-STATE TRAINING &amp; EXPERIENCE</b> 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 17 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. Have you ever applied for the barber exam and license, permit or apprentice registration in Hawaii before? .....  YES  NO  
 If "YES": When (month/year) did you apply? \_\_\_\_\_
4. Have you ever held a barber license in Hawaii? .....  YES  NO  
 If "YES": Do not complete this form. Contact the Licensing Branch for a Restoration application at (808) 586-3000.
5. Has any license/certification/registration ever been suspended, revoked or otherwise subject to disciplinary action? ...  YES  NO
6. Are there 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)**

Barber:	Appl . . . . . 040 . . . . . \$20	Lic . . . . . 045 . . . . . \$16	
	Permit . . . . . 046 . . . . . \$37	CRF . . . . . 041 . . . . . \$50/\$100	
		1/2 (ren) . . 030 . . . . . \$23	
		Svc Chrg . . BCF . . . . . \$25	

Print Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

BARBER TRAINING	Name of School or Shop	Location of School or Shop (city, state, country)	Dates Attended (mo/yr)		Hours Completed
			From	To	
	Barber School				
Apprenticeship					

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

BARBER 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 438 and Hawaii Administrative Rules, Chapter 16-73.

\_\_\_\_\_  
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.

**APPLICATION FOR TEMPORARY PERMIT - BARBER**

Read "Requirements & Instructions" before completing this form.

Please type or print **LEGIBLY** in black ink. **ATTACH \$37.00 fee to this form.**

Legal Name (First, Middle)		(Last)	<b>FOR BOARD USE ONLY</b>	Permit No.	Eff. Date
<b>OTHER NAMES USED</b> (previous surnames, maiden name, nicknames and aliases)				Mailed:	Exp. Date
Residence Address (Include Apt. No., City, State, & Zip Code) - <b>REQUIRED</b>					
Mailing Address (ONLY if different from residence location)					
Social Security No.	Phone No. (Days) Res: Bus:				

Check your answers and give details when required:

1. Are you aware that the temporary permit is a privilege to train and work in Hawaii while 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 and qualify for the examination to become eligible for a Temporary Permit? .....  YES  NO

4. Are you aware that the temporary permit is valid for four (4) examinations scheduled by the Board (approx. one year), in which time you are required to take and pass the examination? .....  YES  NO

5. Are you aware that once your temporary permit and term of examination eligibility expires, you must apply and train as an apprentice barber for six (6) months before qualifying for another temporary permit and series of examinations? .....  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

If "YES": Please provide the month and year of the examination you intend to register for: \_\_\_\_\_

**(CONTINUED ON PAGE 2 – SIGNATURE REQUIRED ON APPLICATION)**

Print Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**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 438 and Hawaii Administrative Rules, Chapter 16-73.

\_\_\_\_\_  
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

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

**TEMPORARY BARBER'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 barber. The individual shall be employed in a properly licensed barber or beauty shop under the supervision of a licensed barber or beauty operator. This permit shall be valid for the period stated - approximately one year. 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:

**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

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.

**Notice of Completion or Withdrawal  
from  
BARBER TRAINING**

Student/Apprentice

Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Date Began: \_\_\_\_\_ Date Completed/Terminated: \_\_\_\_\_

School/Shop

Name: \_\_\_\_\_ Shop License No.: \_\_\_\_\_

Supervisor

Name (Print): \_\_\_\_\_ License No.: \_\_\_\_\_

Indicate the hours applicable to the subjects:

- I. Theory \_\_\_\_\_
- II. Haircutting and Hairstyling \_\_\_\_\_
- III. Haircoloring, Relaxing and Bleaching \_\_\_\_\_
- IV. Permanent Waving \_\_\_\_\_
- V. Shampooing and Conditioning \_\_\_\_\_
- VI. Shaving, Moustache, and Beard Trims \_\_\_\_\_
- VII. Facials \_\_\_\_\_
- VIII. Scalp Treatment \_\_\_\_\_
- IX. Shop Management and Sales \_\_\_\_\_
- X. Sanitation and Sterilization Practices \_\_\_\_\_

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**TOTAL CLOCK HOURS**

This is to certify that the above-named Student/Apprentice has satisfactorily completed 1500 clock hours of barber training which includes the minimum operation requirements.

Supervisor  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School/Shop  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXPERIENCE VERIFICATION FORM – BARBER**

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

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

<b>PART II. TO BE COMPLETED BY OUT-OF-STATE EMPLOYER OR SUPERVISOR.</b>				
<b>IF SELF EMPLOYED, COMPLETE THIS FORM AND ATTACH SHOP/BUSINESS LICENSE.</b>				
<b>Failure to provide all requested information will delay processing of application.</b>				
The above person is applying for a barber license in Hawaii. The applicant is required to submit proof of out-of-state experience as a barber 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 a: (check one) <input type="checkbox"/> BARBER <input type="checkbox"/> OWNER <input type="checkbox"/> APPRENTICE
Describe the work performed by barber or subjects taught to apprentice:			If applicant is an APPRENTICE, list the number of training hours for each of the subjects listed below:	
			Theory . . . . . (200-300) _____ Haircutting and Hairstyling . . . . . (350-900) _____ Haircoloring, Relaxing, Bleaching . . . . . (75-130) _____ Permanent Waving . . . . . (90-175) _____ Shampooing and Conditioning . . . . . (50-100) _____ Shaving, Moustache, Beard Trims . . . . . (20-50) _____ Facials . . . . . (10-30) _____ Scalp Treatments . . . . . (5-15) _____ Shop Management and Sales . . . . . (40-65) _____ Sanitation and Sterilization Practices . . . (50-100) _____ Unassigned (name subjects) _____ _____  <p align="right"><b>TOTAL CLOCK HOURS</b> _____</p>	

I hereby certify that the information provided on the above-named person is true and correct and that I am a licensed barber 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

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.