## INSTRUCTIONS FOR FILING – BEAUTY OPERATOR (ADDITIONAL CLASSIFICATION)

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

If you **DO NOT** have a Hawaii Beauty Operator license, **DO NOT REFERENCE THESE INSTRUCTIONS.** These instructions are for individuals that currently possess a Hawaii Beauty Operator license.

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

**BEAUTY TRAINING**

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.**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Beauty School Hours</th>
<th>Beauty Apprenticeship Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetologist</td>
<td>Hairdressing, esthetics, and nail technology</td>
<td>1800</td>
<td>3600</td>
</tr>
<tr>
<td>Hairdresser</td>
<td>All aspects of hair services</td>
<td>1250</td>
<td>2500</td>
</tr>
<tr>
<td>Esthetician</td>
<td>Skin care, spa and make-up services</td>
<td>600</td>
<td>1200</td>
</tr>
<tr>
<td>Nail Technician</td>
<td>Manicure and pedicure services</td>
<td>350</td>
<td>700</td>
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</tbody>
</table>

### 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.**

**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 below), include an additional fee of **$40.00.**

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Application</td>
<td>$20</td>
</tr>
<tr>
<td>Temporary Permit</td>
<td>$40</td>
</tr>
</tbody>
</table>

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.**

**FOREIGN LANGUAGE**

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. The translator cannot be the applicant. Supporting documents in other names MUST be listed on your application under the “Other Names Used” section.

Example: “I certify that I am competent in both the English language and the (language of the document) language and that this is a true and complete translation of the foreign language original.”

**PROOF OF TRAINING**

**Beauty School:** **ATTACH** a copy of your beauty school transcript that reflects the breakdown of subjects and hours of your school.

**Apprenticeship:** **ATTACH** completed and **ORIGINAL** “Progress Report” and “Notice of Completion or Withdrawal” forms. These forms are attached to the application.

**TEMPORARY PERMIT**

If you are requesting a temporary permit, **ATTACH** the temporary permit application with an additional **$40.00** fee with your Beauty Operator application. The temporary permit is valid for a period covering three (3) consecutive examinations **windows** (approximately one year) and is **issued one time only and cannot be extended or renewed.** Once your temporary permit expires, you will still be eligible to take the examination, but you will **not** be authorized to work.

*(CONTINUED ON PAGE 2)*
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.

STEP 3 – PASS THE NIC EXAMINATION

NIC EXAM
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 (registrations@isoqualitytesting.com) 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). Additional computer-based testing centers are anticipated to open.

OFFICIAL SCORE REPORT
Approximately two weeks after the examination date, applicants who obtained a passing score will receive an email with their official score report. Applicants who do not obtain a passing score will receive instructions on re-examination.

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.
**APPLICATION FOR ADDITIONAL CLASSIFICATION – BEAUTY OPERATOR**

Read “Requirements & Instructions” before completing this form.

Please type or print LEGIBLY in black ink.

<table>
<thead>
<tr>
<th>Legal Name (First, Middle)</th>
<th>(Last)</th>
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**OTHER NAMES USED** (Previous surnames, maiden name, nicknames and aliases)

<table>
<thead>
<tr>
<th>Email Address (Required for examination)</th>
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**Residence Address** (Include Apt. No., City, State, & Zip Code) - **REQUIRED**

<table>
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<tr>
<th>Mailing Address (ONLY if different from residence location)</th>
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</table>

**Social Security No.**

<table>
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<tr>
<th>Phone No. (Days)</th>
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<tr>
<td>Res:</td>
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<td>Bus:</td>
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</table>

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

- **Cosmetologist**
  - (1800 school hrs / 3600 apprentice hrs)
- **Hairdresser**
  - (1250 school hrs / 2500 apprentice hrs)
- **Esthetician**
  - (600 school hrs / 1200 apprentice hrs)
- **Nail Technician**
  - (350 school hrs / 700 apprentice hrs)

**BEAUTY TRAINING:** Identify your beauty training/experience and **ATTACH** applicable documentation to show proof of training.

- [ ] Beauty School
- [ ] Apprenticeship

**TOTAL HOURS COMPLETED:** ______________

Please answer Question 1. **SIGN** and **DATE** below.

1. Do you currently possess a Hawaii Beauty Operator (BEO) license?  
   - [ ] NO
   - [ ] YES

- If “YES”, please provide your license number and the classifications you currently possess below:

**BEO - __________________**  
**Classifications: __________________**

- If “NO”, please do not complete this application. Instead, submit an application for “Beauty Operator License (By Exam)”.

**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.
**APPLICATION FOR TEMPORARY PERMIT - BEAUTY OPERATOR**

*Read “Requirements & Instructions” before completing this form.*

Please type or print *LEGIBLY* in black ink. **ATTACH $40.00 fee to this form.**

<table>
<thead>
<tr>
<th>Permit No.</th>
<th>Eff. Date</th>
<th>Exp. Date</th>
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**FOR BOARD USE ONLY**

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<th>Mailed:</th>
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<th>Legal Name (First, Middle)</th>
<th>(Last)</th>
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**OTHER NAMES USED** (previous surnames, maiden name, nicknames and aliases)

<table>
<thead>
<tr>
<th>Residence Address (Include Apt. No., City, State, &amp; Zip Code)</th>
<th>REQUIRED</th>
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**Mailing Address** (ONLY if different from residence location)

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<tr>
<th>Social Security No.</th>
<th>Phone No. (Days)</th>
<th>Res:</th>
<th>Bus:</th>
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</table>

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

- [ ] Cosmetologist  
  (1800 school hrs / 3600 apprentice hrs)
- [ ] Hairdresser   
  (1250 school hrs / 2500 apprentice hrs)
- [ ] Esthetician   
  (600 school hrs / 1200 apprentice hrs)
- [ ] Nail Technician 
  (350 school hrs / 700 apprentice hrs)

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 three 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 the temporary permit expires, the temporary permit may not be **EXTENDED OR REISSUED**, however, you are still eligible to take the examination, 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

   If “YES”: Please provide the month and year of the examination you intend to register for: ________________

(CONTINUED ON PAGE 2 – SIGNATURE REQUIRED ON APPLICATION)
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

TEMPORARY BEAUTY OPERATOR’S PERMIT

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 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, 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

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.
### APPRENTICESHIP PROGRESS REPORT

**Training of not Less Than 20 Hours Per Week**

<table>
<thead>
<tr>
<th>Subjects Covered</th>
<th>1st Month</th>
<th>2nd Month</th>
<th>3rd Month</th>
<th>4th Month</th>
<th>5th Month</th>
<th>6th Month</th>
<th>7th Month</th>
<th>8th Month</th>
<th>9th Month</th>
<th>10th Month</th>
<th>11th Month</th>
<th>12th Month</th>
<th>Total</th>
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<td>Shop Management, Maintenance &amp; Laboratory</td>
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<td>Haircutting &amp; Shaping</td>
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<td>Scalp &amp; Hair Treatments</td>
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<td>Hairdressing &amp; Shampooing</td>
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<td>Haircoloring &amp; Bleaching</td>
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<td>Facial &amp; Makeup</td>
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<td>Manicuring and Pedicuring</td>
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<td>Unassigned</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>1200</strong></td>
<td><strong>2500</strong></td>
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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-0168

Signature of Apprentice ____________________________
Registration No. ____________________________ Date ____________

Attachment A

Signature of Supervising Operator ____________________________
License No. ____________________________ Date ____________
Completion or Withdrawal
from
APPRENTICESHIP TRAINING

Apprentice
Name: ___________________ Registration No.: ____________

Certification
Category: ___________________ TOTAL HOURS: ____________

Date Began: ______________ Date Completed/Terminated: ______________

Shop Name: ___________________ Shop License: ____________

Supervisor
Name (Print): ___________________ License No.: ____________

Indicate the hours applicable to the subjects in that particular Certification Category:

I. Theory ___________________
II. Shop Management ____________
III. Unassigned ______________
IV. Hair Cutting ______________
V. Scalp and Hair Treatments ____________
VI. Hairdressing and Shampooing ____________
VII. Permanent Waving ____________
VIII. Hair Coloring and Bleaching ____________
IX. Hair Straightening ____________
X. Facials and Makeup ____________
XI. Manicuring and Pedicuring ____________

This is to certify that the above-named Apprentice has completed the hours of training as mentioned in the above-named Certification Category.

Supervisor
Signature: ___________________ Date: ______________

Beauty Shop
Signature: ___________________ Date: ______________