

## INSTRUCTIONS FOR FILING – BEAUTY OPERATOR

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

**APPLICATION** Use the online fillable form OR print legibly in dark ink and sign the application. **ATTACH** supporting documents as appropriate.

**Failure to provide all required information or documentation will delay the processing of your application.**

### LICENSE REQUIREMENT

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

**GENERAL EDUCATION** You must be a high school graduate or possess an education equivalent to the completion of high school.

<b>TRAINING HOURS</b>		<b>Beauty School</b>	<b>Apprenticeship</b>
<b>Cosmetologist</b>	Hairdressing, esthetics, and nail technology	1800	3600
<b>Hairdresser</b>	All aspects of hair services	1250	2500
<b>Esthetician</b>	Skin care, spa, and makeup services	600	1200
<b>Nail Technician</b>	Manicure and pedicure services	350	700

**BEAUTY TRAINING LICENSE PATHWAYS** Please select **ONE** of the below pathways that best applies to your training to determine which documents to include 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 one year of licensed beauty operator experience in another jurisdiction.

**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 “Progress Report” (Attachment A) and “Notice of Completion or Withdrawal” (Attachment B) forms.

**PATHWAY (3): OUT-OF-STATE LICENSE** **ATTACH** a copy of your license or state board verification.

If your licensing jurisdiction requires **LESS** hours than Hawaii, **ATTACH** “Experience Verification Form(s)” that total at least one (1) year of licensed experience. Refer to the section “Experience Verification Form” below.

**EXPERIENCE VERIFICATION FORM** Have a qualified person, owner, manager, supervisor, etc., complete the form. You must provide us the original form. Please retain a copy of the form for your records. Your experience must be at least one (1) year of licensed Beauty Operator experience.

The “Experience Verification” form is attached to this application, and can also be found on the Board of Barbering and Cosmetology’s (“Board”) website at:  
[http://cca.hawaii.gov/pvl/boards/barber/application\\_publications/](http://cca.hawaii.gov/pvl/boards/barber/application_publications/).

If you were **self-employed**, please provide, in lieu of the “Experience Verification” form, documents evidencing your business experience. Some examples of commonly used documents are a copy of your shop/business license, tax forms filed with the IRS reporting business earnings, state board verification evidencing the effective or issuance date of your shop/business license.

**NIC EXAM REQUIRED** You must obtain a passing score on the National-Interstate Council of State Boards of Cosmetology (“NIC”) **written** examination. Please visit <https://nictesting.org/candidate-information-bulletins/> for more information regarding the:

Cosmetology Theory Examination	Esthetics Theory Examination
Hair Design Theory Examination	Nail Technology Theory Examination

**NIC EXAM  
REQUIRED  
(cont'd)**

**FOR APPLICANTS APPLYING TO TAKE THE NATIONAL-INTERSTATE COUNCIL OF STATE BOARDS OF COSMETOLOGY (“NIC”) EXAMINATION:**

- **ATTACH** the non-refundable application fee of \$20.00 with your application, payable to: *COMMERCE AND CONSUMER AFFAIRS*. Checks must be made in U.S. dollars and be from a U.S. financial institution.
- The testing agency, **Prometric**, administers the NIC examination to applicants approved by the Board. If your application is approved by the Board, you will receive an email from SMT Notice ([registrations@isoqualitytesting.com](mailto: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.
- If you are currently located in another U.S. State, you may take the Hawaii NIC examination, provided you have access to a nearby Prometric testing center. Please submit a **SIGNED** letter to the Board indicating: (1) your current mailing address; and (2) which state you will be taking the Hawaii NIC examination.
- Approximately two weeks after your examination, applicants who obtained a passing score will receive an email containing their official score report, and a link to the “Fees Due” notice in order to pay your remaining license fees. Applicants who did not obtain a passing score will receive instructions on re-examination.

**FOR APPLICANTS WHO HAVE ALREADY PASSED THE NATIONAL-INTERSTATE COUNCIL OF STATE BOARDS OF COSMETOLOGY (“NIC”) EXAMINATION:**

- **ATTACH** proof of passing the NIC examination, such as a “Score Report” or “Pass Report”. You may obtain your scores from the out-of-State licensing authority in which you held or currently hold a license.
- **ATTACH** the appropriate license fee (below) with your application, payable to: *COMMERCE AND CONSUMER AFFAIRS*. Checks must be made in U.S. dollars and be from a U.S. financial institution.

Applicant who will be licensed in an EVEN-numbered year, pay . . . . . \$165  
(Application-\$20\* + License-\$22 + CRF-\$100\*\* + 1/2 Renewal-\$23)

Applicant who will be licensed in an ODD-numbered year, pay . . . . . \$92  
(Application-\$20\* + License-\$22 + CRF-\$50\*\*)

\* Application fee is not refundable.

\*\* 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.

**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.*

**TEMPORARY  
PERMIT  
(Exam Applicant  
Only)**

The temporary permit is **OPTIONAL** 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, **ATTACH** the temporary permit application with an additional **\$40.00** fee with your Beauty Operator application.

The temporary permit is valid for one year and is issued **one time only and cannot be reissued 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 3)

## GENERAL INFORMATION

<b>INCOMPLETE APPLICATIONS</b>	Incomplete applications will not be accepted, and a notice of deficiency will be sent to your address of record. It is your responsibility to submit a complete application with sufficient time for Board review and approval to take the Hawaii NIC examination.			
<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>MAILING ADDRESS</b>	<p><b><u>APPLICATION, DOCUMENTS, AND FEES</u></b> are to be:</p> <table><tr><td style="vertical-align: top;"><b><u>MAILED TO:</u></b> Board of Barbering and Cosmetology DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801</td><td style="vertical-align: top; text-align: center;">OR</td><td style="vertical-align: top;"><b><u>DELIVERED TO:</u></b> DCCA, PVL Licensing Branch 335 Merchant St., Room 301 Honolulu, HI 96813 <b>Phone: (808) 586-3000</b></td></tr></table>	<b><u>MAILED TO:</u></b> Board of Barbering and Cosmetology DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801	OR	<b><u>DELIVERED TO:</u></b> DCCA, PVL Licensing Branch 335 Merchant St., Room 301 Honolulu, HI 96813 <b>Phone: (808) 586-3000</b>
<b><u>MAILED TO:</u></b> Board of Barbering and Cosmetology DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801	OR	<b><u>DELIVERED TO:</u></b> DCCA, PVL Licensing Branch 335 Merchant St., Room 301 Honolulu, HI 96813 <b>Phone: (808) 586-3000</b>		
<b>RELEASE OF INFORMATION</b>	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".			
<b>ABANDONMENT OF APPLICATION</b>	<p>Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.</p> <p>If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.</p>			
<b>LICENSE DENIAL</b>	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.			
<b>SOCIAL SECURITY NUMBER</b>	<p>Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. <b>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.</b> The following laws require that you furnish your Social Security Number to our agency:</p> <p><u>FEDERAL LAWS:</u> <b>42 U.S.C.A. §666(a)(13)</b> 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, <b>45 C.F.R., Part 61, Subpart B, §61.7</b> 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.</p> <p><u>HAWAII REVISED STATUTES ("HRS"):</u> <b>HRS §576D-13(j)</b> requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and <b>HRS §436B-10(4)</b> 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).</p>			

(CONTINUED ON PAGE 4)

**U.S. CITIZEN, U.S. NATIONAL, OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.** Pursuant to section 436B-10, the Hawaii Revised Statutes, and federal laws, **all applicants are required to be a U.S. citizen, U.S. national, or an alien authorized to work in the United States.** This means that even if an applicant meets the education, training and examination requirements for license, that applicant will not be issued a license if that applicant is not a U.S. citizen, U.S. national or an alien authorized to work in the United States. To obtain authorization to work in the United States, the applicant may contact the U.S. Citizenship and Immigration Services ("USCIS") at: [www.uscis.gov](http://www.uscis.gov) or 1-800-375-5283.

**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 the licensee's mailing address of record. If you do not receive a renewal application one month prior to the license expiration date, contact the Licensing Branch at (808) 586-3000.

**LAWS AND RULES** The licensee is held accountable for knowing and complying with the Hawaii laws and rules as failure to comply may result in disciplinary action. The laws and rules are also posted on our website: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Barbering and Cosmetology" -OR- A copy of the following Hawaii Revised Statutes ("HRS") and Hawaii Administrative Rules ("HAR") may be obtained by submitting a written request to the address above:

- HRS Chapter 436B: Professional and Vocational Licensing Act
- Act 073, SLH 2022: Barbering and Cosmetology Licensing Act
- HAR Chapter 16-73: Barber Rules
- HAR Chapter 16-79: Cosmetology Rules

### **INSTRUCTIONS FOR "YES" ANSWERS TO QUESTIONS (6) THROUGH (8)**

If you answered "YES" to questions 6-8, your application may be reviewed at a Barbering and Cosmetology Board meeting. The following documents must be included with your application. The Board will not review incomplete applications.

- Questions 6 and 7 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 8 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, Kekuaano'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.

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**

Read "Requirements & Instructions" before completing this form.

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

<b>CHECK ONE:</b>		Applying via Examination <input type="checkbox"/>
		Applying via Examination Waiver <input type="checkbox"/>
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>		
Social Security No.	Phone No. (Days) Res: Bus:	

<input type="checkbox"/> High School
<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.: _____
<b>BEO-</b>
<b>ALL      HAIR      ESTN      NAIL</b>

**FOR BOARD USE ONLY**

<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)
Check the appropriate category/categories you are <b>APPLYING FOR:</b> <b>BEAUTY TRAINING:</b> Check <b>ONE</b> license pathway and <b>ATTACH</b> applicable documentation to show proof.  <input type="checkbox"/> (1) Beauty School <input type="checkbox"/> (3) Out-of-State License* ( <i>attach proof of one (1) year licensed exp.</i> ) <input type="checkbox"/> (2) Apprenticeship  Total hours completed: _____		<b>OUT-OF-STATE TRAINING &amp; EXPERIENCE</b>  State of Training _____ Length of Training (Mo/Yr) From: _____ To: _____	

Check your answers. If answer is "YES" to Questions 6-8, refer to the instructions for additional documents that must be submitted.

- Are you at least 16 years of age?  YES  NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?  YES  NO
- 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.
- Have you ever applied for the beauty exam and license, permit or apprentice registration in Hawaii before?  YES  NO  
If "YES": When (month/year) did you apply? \_\_\_\_\_ For what category? \_\_\_\_\_
- Have you taken and passed the National Interstate Council of State Boards of Cosmetology ("NIC") examination?  YES  NO  
If "YES": **ATTACH** applicable proof. When did you pass? \_\_\_\_\_ What jurisdiction? \_\_\_\_\_
- Has any license/certification/registration ever been suspended, revoked or otherwise subject to disciplinary action?  YES  NO
- Are there any disciplinary actions pending against you?  YES  NO
- 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)**

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)		Diploma or Hours Completed	Course of Study
			From	To		
	High School					
	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 (Hawaii Revised Statutes section 710-1017 and section 436B-19; and Act 073, SLH 2022). I further certify that I have read and will abide by the provisions of Act 073, SLH 2022, 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

**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.**

Legal Name (First, Middle)		(Last)	<b>FOR BOARD USE ONLY</b>	Permit No.	Eff. Date
OTHER NAMES USED (previous surnames, maiden name, nicknames and aliases)				Exp. Date	
				Mailed:	
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 the appropriate category/categories you are <b>APPLYING FOR:</b>					
<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)		

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 under the supervision of a qualified licensee while waiting to take and pass the licensing 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 one year and the temporary permit may not be **REISSUED OR RENEWED** once it expires? . . . . .  YES  NO
5. Are you aware that you are **NOT** authorized to work once the temporary permit expires, but you are still eligible to take the examination? . . . . .  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 (Hawaii Revised Statutes section 710-1017 and section 436B-19; and Act 073, SLH 2022). I further certify that I have read and will abide by the provisions of Act 073, SLH 2022, 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

..... **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 barber shop or beauty shop under the supervision of a licensed barber or beauty operator. This permit shall be valid for one year from the date of issuance, **IS ISSUED ONLY ONCE AND WILL NOT BE REISSUED OR RENEWED**. 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.

**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

**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: \_\_\_\_\_

## EXPERIENCE VERIFICATION FORM – BEAUTY OPERATOR

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 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
<b>Describe the work performed by beauty operator or subjects taught to apprentice:</b>  <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 ..... _____  <b>TOTAL HOURS</b> _____	

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

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.

COSM-02 0824

**FORM APPLIES TO PATHWAY 3**