

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.**

		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

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**.

Application \$20

Temporary Permit \$40

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 §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.

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.

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 ADDITIONAL CLASSIFICATION – BEAUTY OPERATOR

Read "Requirements & Instructions" before completing this form.

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

Legal Name (First, Middle)	(Last)	FOR BOARD USE ONLY	<input type="checkbox"/> Application Fee			
OTHER NAMES USED (Previous surnames, maiden name, nicknames and aliases)			<input type="checkbox"/> Beauty Training			
			<input type="checkbox"/> Approved (Initials/date):			
Email Address (Required for examination)			Eff Date:			
Residence Address (Include Apt. No., City, State, & Zip Code) - REQUIRED			ALL	HAIR	ESTN	NAIL
Mailing Address (ONLY if different from residence location)						
Social Security No	Phone No. (Days)					
Date of Birth	Res:					
	Bus:					
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)			
BEAUTY TRAINING: Identify your beauty training/experience and ATTACH applicable documentation to show proof of training.						
<input type="checkbox"/> Beauty School		<input type="checkbox"/> Apprenticeship		TOTAL HOURS COMPLETED: _____		

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

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

- 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

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.**

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

Check your answers and give details when required:

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

..... **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 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

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

**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: _____