

INSTRUCTIONS FOR FILING – BEAUTY INSTRUCTOR (BY EXAM)

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

EXAM REQUIRED

All applicants are required to obtain a passing score on required examination(s). If you have already taken the examination in another jurisdiction, please refer to the “Beauty Instructor License (Exam Waiver)” application.

STEP 1 – SATISFY THE QUALIFICATION REQUIREMENTS AND SELECT ONE PATHWAY

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 license 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).

HAWAII BEO LICENSE

You must possess a current and valid Hawaii Beauty Operator (BEO) license.

OPERATOR EXPERIENCE

You must have experience as a licensed Beauty Operator for at least one (1) year in Hawaii **OR** in another jurisdiction with standards substantially similar to Hawaii.

LICENSE PATHWAYS

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

- (1) I have completed at least 600 hours of Beauty **INSTRUCTOR** training at a beauty school;
- (2) I possess an Instructor license in another jurisdiction.

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

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.

APPLICATION FEE

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 **\$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.

(CONTINUED ON PAGE 2)

APPLICATION FEE (CONT.)	NOTE: <i>One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.</i>
FOREIGN LANGUAGE	<p>All documents must be in English. If documents are not in English, the documents must be translated into English. Submit a copy of the foreign document with (1) the ORIGINAL English translation and (2) an ORIGINAL declaration from the translator that the translation is accurate, and that the translator is fluent in both the foreign language and English. <u>The translator cannot be the applicant.</u> Supporting documents in other names MUST be listed on your application under the "Other Names Used" section.</p> <p>Example: "I certify that I am competent in both the English language and the (<u>language of the document</u>) language and that this is a true and complete translation of the foreign language original."</p>
HAWAII BEO LICENSE	On the application, provide your Hawaii Beauty Operator License Number and check the appropriate box(es) indicating the license classifications you currently possess.
OPERATOR EXPERIENCE	ATTACH "Experience Verification Form(s)" totaling at least one year of licensed beauty OPERATOR experience. Refer to "Experience Verification Form" instructions below.
PATHWAY (1): INSTRUCTOR TRAINING	ATTACH a copy of your beauty school transcript that reflects your Instructor training of at least 600 hours.
PATHWAY (2): OUT-OF-STATE LICENSE	<p>ATTACH a copy of your Instructor license or a state board verification.</p> <p>If your jurisdiction requires LESS hours than Hawaii, ATTACH "Experience Verification Form(s)" totaling at least one (1) year of licensed beauty INSTRUCTOR experience. Refer to "Experience Verification Form" instructions below.</p>
TEMPORARY PERMIT	<p>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 applicable fees with your Barber application.</p> <p>The temporary permit is valid for a period covering four (4) consecutive examination windows (approximately one year) and is issued one time only and cannot be extended or renewed.</p>
EXPERIENCE VERIFICATION FORM	<p>Have a qualified person(s), owner, manager, supervisor, etc. complete the form. You must provide the ORIGINAL and completed hardcopy to us. Your experience must total at least ONE (1) YEAR of licensed Beauty Instructor experience.</p> <p>The "Experience Verification" form is attached to this application and can also be found on the Board's website at: http://cca.hawaii.gov/pvl/boards/barber/application_publications/.</p> <p>If you were self-employed, you may provide verification of your business through appropriate documentation (copy of shop/business license, tax records, or state board verification, etc.) in lieu of the "Experience Verification" form.</p>
INCOMPLETE APPLICATIONS	Incomplete applications will not be accepted, and a notice of deficiency will be sent. It is your responsibility to file a complete application in sufficient time to be approved to take the examination.
RELEASE OF INFORMATION	If an agency or individual is assisting you with this licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete, sign, and date the portion on Release of Information to Third Party.

(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 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.

(CONTINUED ON PAGE 4)

STEP 3 – PASS THE EXAMINATION

EXAM REQUIRED

Upon completion of the education and training requirements, the applicant shall submit an application to sit for the Beauty Operator Licensing Exam. If the Board determines that you meet the education and training requirements, you will receive notice of exam approval.

FOR APPLICANTS APPLYING TO TAKE THE BARBER 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.
- For examination information, including registration, exam locations, and Candidate Information Bulletins, please visit PSI Services, LLC website [HTTP://test-takers.psiexams.com/hitrade/](http://test-takers.psiexams.com/hitrade/). For telephone registration, please call (833) 333-4754.
- The locations available for the exam out-of-state are solely up to PSI Services, LLC. The examination is provided in the English language.
- If you require special testing arrangements due to a disability, PSI Services, LLC will handle Americans with Disabilities Act ("ADA") accommodation requests.
- Those with passing scores become eligible for licensure upon payment of the appropriate fees. Re-exam candidates must re-register for exam via PSI.

FOR APPLICANTS WHO HAVE ALREADY PASSED THE COSMETOLOGY THEORY, ESTHETICS THEORY, HAIR DESIGN THEORY AND NAIL TECHNOLOGY THEORY EXAMINATION(S):

- **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. Application fees are 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.

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.

(CONTINUED ON PAGE 5)

STEP 4 – PAY REMAINING LICENSE FEES AND MAINTAIN YOUR LICENSE

LICENSE FEES	After obtaining a passing score on the examination, follow the instructions on your “Fees Due” notice to submit required fees.
RENEWAL	All licenses, regardless of date issued, expire on <u>DECEMBER 31</u> of every <u>ODD-NUMBERED</u> year. Licenses must be renewed on or before the expiration date. Approximately two months before the expiration date, a “Renewal Application” is mailed to all licensees at their mailing address of record. If you do not receive a renewal application one month prior to the expiration date, contact the Licensing Branch at (808) 586-3000.
LAWS AND RULES	<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 2 of these instructions, or you may download them from <u>cca.hawaii.gov/pvl</u>.</p> <ul style="list-style-type: none">• Barber law: Hawaii Revised Statutes chapter 438• Barber rules: Hawaii Administrative Rules chapter 16-73• Cosmetology law: Hawaii Revised Statutes chapter 439• Cosmetology rules: Hawaii Administrative Rules chapter 16-78• Professional and Vocational Licensing Act: Hawaii Revised Statutes chapter 436B

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

APPLICATION FOR LICENSE – BEAUTY INSTRUCTOR (BY EXAM)

Read "Requirements & Instructions" before completing this form.

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

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

FOR BOARD USE ONLY

<input type="checkbox"/> Application Fee	<input type="checkbox"/> 600 hours
or	
<input type="checkbox"/> 1,500 hours	<input type="checkbox"/> O.S. license
<input type="checkbox"/> Approved (Initials/date):	
Eff Date:	Lic No.: I -

HAWAII BEAUTY OPERATOR LICENSE: Provide your Hawaii Beauty Operator license number and check the box(es) of classifications you possess.
BEO - _____ ☐ Cosmetology ☐ Hairdressing ☐ Esthetics ☐ Nail Technology

INSTRUCTOR TRAINING: Identify your training/experience and **ATTACH** applicable documentation to show proof of training.
☐ (1) 600 Hours of Instructor Training from Beauty School
☐ (2) Out-of-State Instructor License
(if less hours than Hawaii, attach proof of one (1) year licensed Instructor exp.)
Total hours completed: _____

OUT-OF-STATE TRAINING & EXPERIENCE

State of Training	Length of Training (Mo/Yr)
_____	From: _____ To: _____

Check your answers. If answer is "YES" to Questions 5-7, refer to the instructions for additional documents that must be submitted.

1. Are you at least 16 years of age? ☐ YES ☐ NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ☐ YES ☐ NO
3. Do you have at least one (1) year of experience as a licensed Beauty Operator? ☐ YES ☐ NO
If "YES", provide the jurisdiction and **ATTACH** "Experience Verification" form (State/Country): _____
4. Have you ever held a beauty instructor 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 are any disciplinary actions pending against you? ☐ YES ☐ NO
7. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ YES ☐ NO

(CONTINUED ON PAGE 2 – SIGNATURE REQUIRED ON APPLICATION)

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

Print Applicant Name: _____

Date: _____

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

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

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

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Section 436B-19, and Section 439-19, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 439 and Hawaii Administrative Rules, Chapter 16-78.

Signature of Applicant

Date

Release of Information to Third Party

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

Print Name of Individual who is assisting you: _____

Signature of Applicant

Date

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

APPLICATION FOR TEMPORARY PERMIT - BEAUTY INSTRUCTOR

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				<div style="display: flex; justify-content: space-around;"> ALL HAIR ESTN NAIL </div>	
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 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)

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 INSTRUCTOR'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 instructor in the category(ies) noted below. The individual shall be employed in a properly licensed beauty school under the supervision of a licensed beauty instructor. 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.

EXPERIENCE VERIFICATION FORM – BEAUTY INSTRUCTOR

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

PART I. TO BE COMPLETED BY APPLICANT

Instructions: A. Complete information in Part I only.
 B. Have a qualified person complete Part II and sign the form.
 C. **ATTACH** the completed **ORIGINAL** form to the application. **Copies are not acceptable.**

Applicant's Name: (First, Middle)

(LAST)

Complete Mailing Address: (include Apt. No., City, State and Zip Code)

Phone No.: (days)

Date:

PART II. TO BE COMPLETED BY EMPLOYER OR SUPERVISOR WITH INSTRUCTOR EXPERIENCE. IF SELF EMPLOYED, COMPLETE THIS FORM AND ATTACH SHOP/BUSINESS LICENSE. Failure to provide all requested information will delay processing of application.

The above person is applying for a beauty instructor license in Hawaii. The applicant is required to submit proof of out-of-state experience as a licensed operator or licensed instructor. 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

Avg. Hrs. Per Wk.

Applicant worked as an: (check one)

_____ yrs. _____ mos.

☐ OPERATOR

☐ INSTRUCTOR

Describe the work performed by beauty operator or instructor:

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.