

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

Access this form via website at: [cca.hawaii.gov/pvl](http://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
<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 make-up services	600	1200
<b>Nail Technician:</b>	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.

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.

**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 EXAMINATION**

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**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 COSMETOLOGY THEORY, ESTHETICS THEORY, HAIR DESIGN THEORY AND NAIL TECHNOLOGY THEORY EXAMINATION(S):**

- 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.

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

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 &amp; 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)				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)				
Email Address	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 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 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

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	ESTHETICIAN	HAIRDRESSER	COSMETOLOGIST (Includes all categories)

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

HRS	HRS	HRS	HRS	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
200	300	200	400	Theory													
100	100	100	200	Shop Management, Maintenance & Laboratory													
		300	300	Haircutting & Shaping													
		100	100	Scalp & Hair Treatments													
		700	700	Hairdressing & Shampooing													
		350	350	Permanent Waving													
		300	300	Haircoloring & Bleaching													
		100	100	Hair Straightening													
	700		350	Facial & Makeup													
300			300	Manicuring and Pedicuring													
100	100	350	500	Unassigned													
700	1200	2500	3600	TOTAL													

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: \_\_\_\_\_