



# State of Utah

## DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741  
 Salt Lake City, Utah 84114-6741  
 Telephone (801) 530-6628  
[www.dopl.utah.gov](http://www.dopl.utah.gov)

### COSMETOLOGIST/BARBER (\$60.00 fee)

*(Note: Microsoft Word users can download this form, fill in the blanks, print the form for submission and save it for their records)*

<b>***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.***</b>				
Last Name:		First Name:		Middle Name:
Social Security Number:    -    -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:	
<input type="checkbox"/> Female				
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

<b>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</b>	
License/Certificate Number: _____	
Date License/Certificate Approved/Denied: ___/___/_____	
Approved/Denied By: _____	
Reason for Denial/Other Comments: _____	

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify that am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanction.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_/\_\_\_/\_\_\_\_\_

**EDUCATION REQUIREMENT:** *(Use additional sheets if necessary.)*

School Name:		Dates Attended	From:	To:
Location:	Telephone:	Hours Completed:	Date of Graduation:	
School Name:		Dates Attended	From:	To:
Location:	Telephone:	Hours Completed:	Date of Graduation:	


**EXAMINATION REQUIREMENT:** *(within one year prior to the date of application, if applicable)*

<input type="checkbox"/> Utah/NIC Cosmetologist/Barber Practical Exam	Date Passed:	
<input type="checkbox"/> Utah/NIC Cosmetologist/Barber Theory Exam	Date Passed:	
Non-Utah Examination	State Name:	
<input type="checkbox"/> State Cosmetologist/Barber Theory Exam	Date Passed:	Score:
<input type="checkbox"/> State Practical Exam	Date Passed:	Score:

## QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer the questions. Do not leave any question blank.**

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you currently using or have you recently ( <i>within 90 days</i> ) used any drugs ( <i>including recreational drugs</i> ) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated??
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed ( <i>i.e. plea-in-abeyance or deferred sentence</i> )?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?
	<p><b>If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered “yes” to Questions 13, 14, 15, 16, or 17, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</b></p> <p><b>If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.</b></p> <p><b>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</b></p> <p><b>A “Yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.</b></p>

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## VERIFICATION OF GRADUATION

*(Make additional copies as needed.)*

### TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the school that trained you. Request that the school complete the remainder of this form and return it to you in a sealed envelope for submission with your application. If the school insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State:      ZIP Code:
Phone #: (xxx-xxx-xxxx)	E-Mail:		Date Training Begin: <i>(mm-dd-yyyy)</i>		
School:				Phone #: <i>(xxx-xxx-xxxx)</i>	
Address:		City:		State:      ZIP Code:	

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

### TO BE COMPLETED BY AN OFFICIAL REPRESENTATIVE OF THE COSMETOLOGY/BARBER SCHOOL:

School Name:		School License #:		Phone #: <i>(xxx-xxx-xxxx)</i>	
Address:		City:		State:      ZIP:	
Name of School Official:		Date Begun: <i>(mm-dd-yyyy)</i>		Date Completed: <i>(mm-dd-yyyy)</i>	
Total Cosmetologist/barber Hours:			Grand Total Hours:		
<input type="checkbox"/> <b>BE COMPLETED IF TRANSFER CREDIT INCLUDED FOR GRADUATION:</b>					
Previously Attended School Name:		School License #:		Phone #: <i>(xxx-xxx-xxxx)</i>	
Address:		City:		State:      ZIP:	
Previously Completed Program:		Date Begun: <i>(mm-dd-yyyy)</i>		Date Completed: <i>(mm-dd-yyyy)</i>	
Total Cosmetologist/barber Hours Credited:			Total Hours Previously Completed:		

I declare that the above named individual has fulfilled the education requirements for licensure as a cosmetologist/barber pursuant to Utah law. I further declare under penalty of perjury that the information contained on this form is truthful, correct, and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or the licensing board or any contracted examination agency through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission

Signature of School Official : \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

**NOTE: The original copy of this form must be submitted with the application for licensure.**

## COMPLETION OF APPRENTICE PROGRAM

*(Make additional copies as needed.)*

### TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the employer that supervised you. Request that the supervisor complete the remainder of this form and return it to you in a sealed envelope for submission with your application. If the supervisor insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State: ZIP Code:
Phone #:	E-Mail:		Date Program Begin:		
Business Name:				Phone #:	
Address:		City:		State:	ZIP Code:

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

### TO BE COMPLETED BY THE INSTRUCTOR:

<b>Instructor</b>					
Last Name:		First Name:		Phone #:	
Business Name:			Instructor License #:		License State:
Address:		City:		State:	ZIP:
Date Program Began:		Date Program Ended:		Total Hours Completed:	

Signed copies of the Apprentice/Instructor Time Record and the Apprentice/Instructor Theory Services Record must be included with this form.

I declare under penalty of perjury that the information contained on this form is truthful, correct and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or the licensing board through use of fraud, forgery or intentional deception, misrepresentation, misstatement, or omission.

Signature of Instructor: \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: The original copy of this form must be submitted with the application for licensure.**

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## REQUEST FOR VERIFICATION OF OUT-OF-STATE LICENSE

### TO BE COMPLETED BY THE APPLICANT:

If you now hold or have ever held a license in another state that is substantially equivalent to the license you are applying for in Utah, complete the first section of this form and submit it to the state that is verifying information for you. Request that the verifying state complete the remainder of this form and return it to you for submission with your application (*the verifying state may require a fee for this service*). If a verifying state insists on submitting the verification directly to DOPL, please inform DOPL of that fact.

Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	ZIP:
Social Security Number:    -   -	Date of Birth: <i>(mm-dd-yyyy)</i>	License #:	

I am requesting licensure in the state of Utah as a **COSMETOLOGIST/BARBER**

I have enclosed the necessary license verification fee in the amount of: \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

### TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail it directly to DOPL or place the completed form in a sealed envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Verifying State:	Name of Licensee ( <i>as on verifying state's records</i> ):		
License Type:	License #:	Current Status:	
Issued: <i>(mm-dd-yyyy)</i>	Expires: <i>(mm-dd-yyyy)</i>	<input type="checkbox"/> Licensed by Exam <input type="checkbox"/> Licensed by Endorsement from (state):	
Continuously Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain):			
Education Required For Licensure:			
Examination Scores:			
Past, Current, or Pending Disciplinary Action: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, <i>attach certified copies of all Petitions, Orders, etc.</i> )			

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Date of Signature: \_\_\_/\_\_\_/\_\_\_

*Official Seal Here*

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 Salt Lake City, Utah 84114-6741

## VERIFICATION OF WORK EXPERIENCE

*(Make additional copies as needed.)*

### TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the employer that supervised you. Request that the supervisor complete the remainder of this form and return it to you for submission with your application. If the supervisor insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State: ZIP Code:
Phone #: (xxx-xxx-xxxx)	E-Mail:		Date Employment Begin: (mm-dd-yyyy)		
Employing Facility:				Phone #: (xxx-xxx-xxxx)	
Address:		City:		State:	ZIP Code:

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

### TO BE COMPLETED BY EMPLOYER:

<b>Employer</b>					
Business Name:					
Last Name:		First Name:		Phone #: (xxx-xxx-xxxx)	
Position or Title:			License #:		License State:
Address:		City:		State:	ZIP:
Date Employment Began:		Date Employment Ended:		Hours Per Week: Total Hours Completed:	
Nature of Applicant's Duties:					
Was applicant's performance satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Please Explain:					

Signature of Employer: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

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## INSTRUCTIONS AND INFORMATION

**General Statement:** Submit a complete application form including all applicable supporting documents and fees. Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. Please provide and update your email address also. If authorized we may contact you using your email address.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If a SSN is not provided, the application is incomplete and may be denied.

### **If you have graduated from a Utah licensed cosmetology/barber school with a minimum of 2,000 hours:**

1. Submit an original "Verification of Graduation" form (*contained in this application*). Request that a school official complete the form and return it to you **in a sealed envelope** to submit **with your application and fees**.

### **If you have graduated with a minimum of 2,000 hours from a recognized cosmetology/barber in a state other than Utah:**

1. Submit your **completed application and fees**, including the following:
2. Using the "Request for Verification of License" form (*contained in this application*), obtain verification of licensure from a state in which you are currently licensed as a cosmetologist/barber. Request that the verifying state complete the form and mail it directly to DOPL. Indicate that a verifying state is submitting the verification.
3. Submit official documentation, verifying your passing score on a national cosmetologist/barber practical examination or another state's cosmetologist/barber practical examination. *If this information is included on the verification of licensure from a state in which you are currently licensed, no additional documentation is required.*
4. Submit official documentation, verifying your passing score on a national cosmetologist/barber theory examination or another state's cosmetologist/barber theory examination. *If this information is included on the verification of licensure from a state in which you are currently licensed, no additional documentation is required.*

### **If you have graduated from a recognized cosmetology/barber school with less than 2,000 hours in a state other than Utah and have at least 4,000 hours of full-time paid employment as a licensed cosmetologist/barber:**

1. Submit your **completed application and fees**, including the following:
2. Using the "Request for Verification of License" form (*contained in this application*), obtain verification of licensure from a state in which you are currently licensed as a cosmetologist/barber. Request that the verifying state complete the form and mail it directly to DOPL. Indicate that a verifying state is submitting the verification.
3. Submit official documentation, verifying your passing score on a national cosmetologist/barber practical examination or another state's cosmetologist/barber practical examination. *If this information is included on the verification of licensure from a state in which you are currently licensed, no additional documentation is required.*
4. Submit official documentation, verifying your passing score on a national cosmetologist/barber theory examination or another state's cosmetologist/barber theory examination. *If this information is included on the verification of licensure from a state in which you are currently licensed, no additional documentation is required.*
5. Submit "Verification of Work Experience" forms (*contained in this application*) documenting a total of **at least 4,000 hours** of full-time paid employment as a licensed cosmetologist/barber. Request that your employer(s) complete the "Verification of Work Experience" form(s) and return them to you to submit **with your application**.

### **If you completed an approved cosmetology/barber apprenticeship program:**

1. Submit an original "Completion of Apprentice Program" form (*contained in this application*). Request that your instructor complete the "Completion of Apprentice Program" form and return it to you to submit **with your application**.
2. Submit copies of an Apprentice/Instructor Time Record and an Apprentice/Instructor Theory & Services Record (*forms are available on the licensing webpage at [www.dopl.utah.gov/licensing/cosmetology\\_barbering.html](http://www.dopl.utah.gov/licensing/cosmetology_barbering.html) under "Related Information"*).

### **If you are a graduate of a foreign cosmetology/barber school or esthetics school:**

1. Submit a credential evaluation from one of the approved credentialing services listed in this application. **Note:** All foreign applicants must have this evaluation completed prior to making application for licensure in Utah.

2. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Cosmetologist/barber Practical Examination within the period of one year prior to the date of application.
3. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Cosmetologist/barber Theory Examination within the period of one year prior to the date of application.

**Submit the \$60.00 non-refundable application-processing fee for a cosmetology/barber license, made payable to "DOPL."**

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Statutes and Rules/Current Documents:** Applications, statutes, rules, and forms are occasionally changed. The most recent version of these documents are available at [www.dopl.utah.gov/licensing/cosmetology\\_barbering.html](http://www.dopl.utah.gov/licensing/cosmetology_barbering.html).
2. **License Renewal:** All cosmetologist/barber licenses expire on **September 30 of odd-numbered years**. Utah's license renewal schedule is not based on the licensee's date of initial licensure. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license.
3. **PSI Examination Services:** Applicants must apply directly to PSI Examination Services at [www.psiexams.com](http://www.psiexams.com) or 1-800-733-9267 to register for the Utah Cosmetologist/barber Theory and the Utah Cosmetologist/barber Practical. Submit the fees directly to the testing agency.
4. **NIC Examinations:** National examinations for cosmetologist/barbers are developed and administered by the National Interstate Council of State Boards of Cosmetology: 954-389-5302 or [www.nicesting.org](http://www.nicesting.org). The NIC Theory Examination is accepted by the state of Utah, if taken in another state.
5. **Temporary Licenses:** Temporary licenses are not issued.
6. **Foreign Education:** Applicants who have graduated from a foreign school must have an approved credential evaluation service evaluate their education documents prior to making application for licensure in Utah.
7. **Approved credentialing evaluation services for licensure are:**

Josef Silny & Associates Inc, International Education Consultants  
 PO Box 248233; Coral Gables, Florida, 33124  
 (305) 273-1616; E-mail: [info@jsilny.com](mailto:info@jsilny.com), Internet: [www.jsilny.com](http://www.jsilny.com)

**OR**

Educational Credential Evaluators Inc.  
 PO Box 514070; Milwaukee, Wisconsin, 53203-3470  
 (414) 289-3400; E-mail: [eval@ece.org](mailto:eval@ece.org), Internet: [www.ece.org](http://www.ece.org).
8. **Name Change:** If your supporting documentation is under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
9. **Mail Complete Application To:**

**By U.S. Mail**  
 Division of Occupational & Professional Licensing  
 P.O. Box 146741  
 Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**  
 Division of Occupational & Professional Licensing  
 160 East 300 South, 1<sup>st</sup> Floor Lobby  
 Salt Lake City, Utah 84111
10. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – toll-free in Utah
11. **Fax Number:** (801) 530-6511