



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

- BARBER ESTHETICIAN NAIL TECHNICIAN ELECTROLOGIST
 COSMETOLOGIST/BARBER MASTER ESTHETICIAN HAIR DESIGNER

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
 I am a foreign national not physically present in the United States.
 None of the above, please explain: _____

Driver License or State ID Card

State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

- I certify that I am qualified in all respects for the license for which I am applying in this application.
- I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, 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.
- I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
- 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 sanctions.
- I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
- I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a misdemeanor** in any jurisdiction?
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted of a felony** in any jurisdiction?

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 2,3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

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.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You **do not need to report** Juvenile Court adjudications; however, you do need to report convictions as a minor tried outside of Juvenile Court.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

If you identified licenses above, please answer the following:

- Yes No After obtaining the license(s) above, have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, please see the checklist at the end of this application or our [website](#) for instructions on applying for [licensure by endorsement](#).

Verification of Formal Education Graduation

To be submitted by applicants who graduated from a recognized school.
See the checklist at the end of this application for additional instructions.

Please Note: If you qualify for [licensure by endorsement](#), you do not need to submit this form.

APPLICANT INFORMATION

To be completed by the applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EDUCATION

To be completed by the Official Program Representative:

Start Date: _____ **End Date:** _____
MM/DD/YYYY MM/DD/YYYY

Hours of training at this school: _____

Hours transferred from another school: _____

Hours accepted from previous license: _____

Total hours of all training: _____

I further certify that the applicant is qualified and competent to practice as a licensed (Please select one of the following):

- | | | |
|--|---|--|
| <input type="checkbox"/> Barber | <input type="checkbox"/> Cosmetologist/Barber | <input type="checkbox"/> Nail Technician |
| <input type="checkbox"/> Esthetician | <input type="checkbox"/> Master Esthetician | <input type="checkbox"/> Electrologist |
| <input type="checkbox"/> Hair Designer | | |

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a.

Signature: _____ **Date:** _____

Printed Name: _____ **Phone Number:** _____

School Name: _____ **School License Number:** _____

Address: _____
Street/PO Box City State/Zip

*If verifying hours transferred from another school, please complete the following:

Name of Previous School: _____ School License Number: _____

Address: _____
Street/PO Box City State/Zip

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

(Seal)

- Please affix the school seal to the left and place this form in an envelope with the school seal over the envelope flap.
- Please send the sealed envelope directly to DOPL or provide it to the applicant to include in their application.
- Alternatively, the school may email this form to b2@utah.gov.

Verification of Licensed Practice

To be submitted by applicants who graduated from a school with less than the required hours of instruction.

Each employer must complete a separate form. You must include copies of tax forms, paystubs, or other documents to support the dates of practice claimed on the form with your application. See the checklist at the end of this application for additional instructions.

Please Note: If you qualify for [licensure by endorsement](#), you do not need to submit this form.

Self-employed? you may complete this form yourself by writing "Self-Employed" on the "Relationship to Applicant" line.

APPLICANT INFORMATION

To be completed by the applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EMPLOYMENT INFORMATION

To be completed by the supervisor:

Name of Establishment: _____

Establishment Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Dates of Employment: _____ to _____
MM/DD/YYYY MM/DD/YYYY

How many hours did the applicant work per week? _____

Describe the applicant's duties: _____

Was the applicant a W-2 employee or contracted labor? _____

Is the applicant still employed? Yes No

If no, is the applicant re-hirable? Yes No: Please explain: _____

I do hereby certify that the applicant for licensure was actively engaged in the lawful practice at the above-named establishment for the number of hours listed.

I further certify that the applicant is qualified and competent to practice as a licensed (Please select one of the following):

- | | | |
|--|---|--|
| <input type="checkbox"/> Barber | <input type="checkbox"/> Cosmetologist/Barber | <input type="checkbox"/> Nail Technician |
| <input type="checkbox"/> Esthetician | <input type="checkbox"/> Master Esthetician | <input type="checkbox"/> Electrologist |
| <input type="checkbox"/> Hair Designer | | |

Signature: _____ **Date:** _____

Printed Name: _____ **Relationship to Applicant*:** _____

Please select one of the following when submitting this form:

- You may email this form to b2@utah.gov; or
- place this form in an envelope and sign over the envelope flap and send directly to DOPL; or
- Provide this form to the applicant to include in their application.

Verification of Completion of an Apprenticeship Program

To be submitted by applicants who completed an apprenticeship program.

Please attach signed copies of apprenticeship/instructor time record and theory services

Please Note: If you qualify for [licensure by endorsement](#), you do not need to submit this form.

APPLICANT INFORMATION

To be completed by the applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EDUCATION

To be completed by the Licensed Instructor:

Start Date: _____ **End Date:** _____
MM/DD/YYYY MM/DD/YYYY

Total hours of all training: _____

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a.

I further certify that the applicant is qualified and competent to practice as a licensed (Please select one of the following):

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Barber | <input type="checkbox"/> Cosmetologist/Barber | <input type="checkbox"/> Nail Technician |
| <input type="checkbox"/> Esthetician | <input type="checkbox"/> Master Esthetician | <input type="checkbox"/> Hair Designer |

Signature: _____ **Date:** _____

Printed Name: _____ **Instructor License Number:** _____

Name of Establishment: _____

Address: _____
Street/PO Box City State/Zip

***Note:** You must attach signed copies of the apprenticeship/instructor time record and the apprenticeship/instructor theory services record. Forms are available on www.dopl.utah.gov/licensing/cosmetology_barbering.html under "Related Information".

APPLICATION CHECKLIST AND INSTRUCTION

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Your application will only be held in an incomplete status for 30 days. If you will not have all items submitted to DOPL within 30 days, your application will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

The following items are required to complete your application:

- Required non-refundable application processing fee*, made payable to "DOPL".

*Application Processing Fees:

- | | | | |
|------------------------|---------|----------------------|---------|
| • Barber | \$60.00 | • Electrologist | \$50.00 |
| • Cosmetologist/Barber | \$60.00 | • Esthetician | \$60.00 |
| • Hair Designer | \$60.00 | • Master Esthetician | \$85.00 |
| • Nail Technician | \$60.00 | | |

- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".

LICENSURE BY APPLICATION

If applying for **licensure by application**, *in addition* to the items required for all applicants, you must submit:

- Obtain passing examination score(s) as required. Examination information is available on our [website](#).
- Obtain Official documentation of meeting one of the following educational pathways: School or Apprenticeship.
- If you graduated from a school located outside the United States, and do not qualify for endorsement (below), you must submit a credential evaluation from one of the approved credentialing services. Currently, the approved credentialing services are:
 - [Josef Silny & Associates Inc. International Education Consultants](#)
 - [Educational Credential Evaluators Inc.](#)
 - National Association of State Boards of Accountancy (NASBA)

LICENSURE BY ENDORSEMENT

If applying for **licensure by endorsement**, *in addition* to the items required for all applicants, you must submit the following items:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see our website for additional information regarding approved states.

Note: If your states licensing requirements falls outside Utah's equivalency standard, you may be able to use experience gained outside of the state to document the requirements for licensure by application. Please contact the board for additional details.

Submit the above items with your completed application to:

In person or via express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:
Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741