



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Cosmetology Professions Instructor for:

- Cosmetologist/Barber, Barber, Esthetician, Electrologist, Nail Technician, 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:

Phone: ( ) - Email: Note: All Division notices and communication will be sent to this 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

- 1. I certify that I am qualified in all respects for the license for which I am applying with this application. 2. 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. 3. 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 Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division 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 sanctions. 5. 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. 6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: Date:



QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

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

- 1. 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. Do you CURRENTLY have any criminal action active or pending?
3. 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. 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
police report(s)
court record(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 disclose juvenile offenses, unless you were tried as an adult.
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 certifications 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:



# Verification of Formal Cosmetology Trades Instructor Education

To be submitted by applicants who graduated from a **recognized instructor program**.

## APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: \_\_\_\_\_  
First Middle Last

License Number: \_\_\_\_\_ License Type: \_\_\_\_\_

## EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE OFFICIAL PROGRAM REPRESENTATIVE.)

Dates of Enrollment: \_\_\_\_\_ to \_\_\_\_\_

Hours of instructor training at this school: \_\_\_\_\_

\* Instructor training hours transferred from another school: \_\_\_\_\_

Total hours of all training: \_\_\_\_\_

Name of School: \_\_\_\_\_ License number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of Previous School: \_\_\_\_\_ License number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Enrollment: \_\_\_\_\_ to \_\_\_\_\_

## ATTESTATION:

I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a-707. I further certify that the applicant is qualified and competent to practice as a licensed instructor for (select one):

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

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature of certifying individual: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of certifying individual: \_\_\_\_\_

*Please affix the school seal to the left and place this form in an envelope with the school seal over the envelope flap.*

(Seal)

*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 directly to [b2@utah.gov](mailto:b2@utah.gov).*



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Verification of On-the-Job Cosmetology Trades Instructor Training

To be submitted by applicants who, while employed by a licensed or recognized school, completed an on-the-job instructor training program conducted by a licensed instructor at the school.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: First Middle Last

License Number: License Type:

EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE OFFICIAL PROGRAM REPRESENTATIVE.)

Name of School:

Address: City: State: Zip:

Phone: ( ) - Email:

Dates of Employment: to

How many hours did the applicant work per week?

How many total hours did the applicant participate in their On-the-Job Training program?

Describe the applicant's duties: (attach additional form if needed)

Is the applicant still employed? Yes No

The applicant is/was a W-2 Employee Contracted Labor.

If no, is the applicant re-hirable? Yes No

If not re-hirable, please explain:

ATTESTATION:

I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a-707. I further certify that the applicant is qualified and competent to practice as a licensed instructor for (select one):

- Cosmetologist/Barber Barber Esthetician Electrologist Nail Technician Hair Designer

I further certify that the applicant is qualified and competent to practice as a licensed instructor.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of certifying individual: Date:

Printed name of certifying individual:



## Verification of Licensed Cosmetology Trades Experience

To be submitted by applicants applying based on **licensed work experience**. Each employer must complete a separate form.  
**\*If SELF-EMPLOYED, the applicant should complete this form and write "Self-Employed" on the "Relationship to Applicant" line.**

### APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: \_\_\_\_\_  
First Middle Last  
 License Number: \_\_\_\_\_ License Type: \_\_\_\_\_

### EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE EMPLOYER, SALON OWNER, OR HUMAN RESOURCES. \*)

Name of Establishment: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
 How many hours did the applicant work per week? \_\_\_\_\_  
 How many overall hours did the applicant work during the dates of employment? \_\_\_\_\_

Describe the applicant's duties: *(attach additional form if needed)*

Is the applicant still employed?  Yes  No  
 The applicant is/was a  W-2 Employee  Contracted Labor.  
 If no, is the applicant re-hirable?  Yes  No

If not re-hirable, please explain: *(attach additional form if needed)*

### ATTESTATION:

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 for the following trade (select one):

- Cosmetologist/Barber       Esthetician       Nail Technician  
 Barber       Electrologist       Hair Designer

I further certify that the applicant is qualified and competent to practice as a licensed instructor.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature of certifying individual: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_



## APPLICATION CHECKLIST AND INSTRUCTIONS

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

**NOTE: Incomplete applications 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 that is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other laws.

### ALL APPLICANTS

*Note: It is required you hold a Utah license type in the same trade for which you are requesting an instructor license. Esthetician Instructors must hold a Master Esthetician license.*

The following items are required to complete your application:

- \$60.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Obtain passing examination score(s) as required. Examination information is available on our website: <https://dopl.utah.gov/cosmetology/exam-information/>
- Provide verification of meeting the education or experience requirements by submitting **one** of the following options:
  - Verification of Formal Cosmetology Trades Instructor Education** documenting graduation from a recognized instructor school whose curriculum consists of the number of hours required for your trade (listed below).
- OR**
- Verification of On-the-Job Cosmetology Instructor Training** documenting the number of hours required for your trade (listed below). Additionally, you may be asked to provide additional documentation to support the hours being verified.
  - Verification of licensure if the hours were earned at a recognized school outside of Utah.
- OR**
- Verification of Licensed Cosmetology Trades Experience** documenting the number of hours required for your trade (listed below). Additionally, you may be asked to provide additional documentation to support the hours being verified.
  - Verification of licensure if the licensed experience hours were earned in a state other than Utah.

### EDUCATION AND EXPERIENCE REQUIREMENTS

All education programs must be a licensed or recognized school as defined by [R156-11a](#).

Experience hours **MUST** be licensed practice within the same trade. If you are verifying hours worked in another state, you must provide an official license verification documenting you held an active license during the time the hours were worked.

License Type	Formal Instructor Education <i>OR</i> On-the-Job Training Hours	Licensed Work Experience Hours
Cosmetology/Barber	400	3,000
Barber Only	250	2,000
Electrologist	150	1,000
Esthetician	300	1,000
Hair Design	300	2,500
Nail Technician	75	600

Submit your completed application to the Division:

By US Postal Service:

**Division of Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing  
Heber M Wells Building, 1st Floor  
160 E 300 S  
Salt Lake City, UT 84111**

If you have questions, please contact the Division via our direct email address: [b2@utah.gov](mailto:b2@utah.gov), or via the phone or fax number listed below. Do not send applications or payments to this email.