WASHINGTON STATE DEPARTMENT OF LICENSING

Barber, Cosmetologist, Esthetician, or Manicurist Original License Application for Washington State Graduate

To apply, send this completed form, payment in a check or money order payable to the Washington State Treasurer and any attachments relating to answers in the applicant information section below to:
Cosmetology, Department of Licensing, PO Box 9048, Olympia, WA 98507

The license fee is **$25.**

For validation only

01P-070-925-0000

This license application is for a: *(check one)*
☐ Barber ☐ Cosmetologist ☐ Esthetician ☐ Manicurist ☐ Instructor

Applicant information

TYPE or PRINT Name *(Last, First, Middle)*			Date of birth
Residence address			email address
City	State	ZIP code	(Area code) Home telephone number
Current or previous license number	Social Security number – required for child support enforcement. Kept on file at DOL.		Sex ☐ Male ☐ Female

1. Have you been convicted of a crime, misdemeanor or felony, in this or any other state, by the federal government or by any other jurisdiction within the past ten years? . . . . . ☐ Yes ☐ No
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment, in this or any other state, by the federal government or by any other jurisdiction? . . . . . ☐ Yes ☐ No
3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused, or denied, in this or any other state, by the federal government or by any other jurisdiction? . . . . . ☐ Yes ☐ No
4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction, in this or any other state, by the federal government or by any other jurisdiction? . . . . . ☐ Yes ☐ No
5. Attach a letter of explanation for any "Yes" answer. Include the charge, date of conviction,civil judgement or order, county jurisdiction, state, and disposition of charges.

Certification

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place _____ X _____ Applicant signature

Providing false information in this application may be cause for the denial, suspension, or revocation of your license in the state of Washington. We may conduct a complete background investigation.

Education – to be completed by an authorized school representative, apprentice trainer, or salon owner

Name of school/apprentice salon	Name of authorized school representative, apprentice trainer, or salon owner

School hours completed
☐ Barber (1,000) ☐ Cosmetologist (1,600) ☐ Esthetician (600) ☐ Manicurist (600) ☐ Instructor (500)

Apprentice hours completed
☐ Barber (1,200) ☐ Cosmetologist (2,000) ☐ Esthetician (800) ☐ Manicurist (800)

Start date	Completed date	Total clock hours earned

Certification

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place _____ X _____ Signature of authorized school representative, apprentice trainer, or salon owner

RCW 18.16, 18.235, 26.23.150
BC-638-039 (R/9/10)W

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 664-6626 or TTY (360) 664-0116.