



Professional Cosmetology License (SELECT ONE)

- BARBER, COSMETOLOGIST/BARBER, HAIR DESIGN, ELECTROLOGIST, ESTHETICIAN, MASTER ESTHETICIAN, NAIL TECHNOLOGY

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.  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 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 in 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 a Professional Cosmetology license 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 jurisdiction 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 by endorsement.



## Verification of Formal Education Graduation

To be submitted by applicants who graduated from a recognized school.  
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

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

### EDUCATION INFORMATION (TO BE COMPLETED BY AN OFFICIAL PROGRAM REPRESENTATIVE)

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

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

Hours transferred from another school\*: \_\_\_\_\_

Hours accepted for Master Esthetics from Basic Esthetics license (if applicable): \_\_\_\_\_

**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 School: \_\_\_\_\_ License Number: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

### ATTESTATION:

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 (Select one):

- BARBER       COSMETOLOGIST/BARBER       HAIR DESIGN       ELECTROLOGIST  
 ESTHETICIAN       MASTER ESTHETICIAN       NAIL TECHNOLOGIST

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

Signature of School official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

(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](mailto:b2@utah.gov).



## Verification of Licensed Work Experience

*Applicants licensed less than one year, who graduated from a recognized school with less than the required hours of instruction may submit this form to show licensed work experience gained outside of Utah to document licensing qualification.  
Each employer must complete a separate 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

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

License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

### EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE EMPLOYER OR SELF-EMPLOYED PRACTITIONER)

Name of Establishment: \_\_\_\_\_

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

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

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

How many hours did the applicant work per week? \_\_\_\_\_

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

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

Is the applicant still employed?  Yes  No 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 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 (Select one):

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

**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: \_\_\_\_\_



## Verification of Completion of an Apprenticeship Program

To be submitted by applicants who completed an approved apprenticeship program.  
The Division no longer requires apprenticeship logs to be submitted with the application for licensure.  
The Division reserves its right to request the logs at any time during, and up to three years after, the apprentice becomes licensed.

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

Full Legal Name: \_\_\_\_\_  
First Middle Last  
 Apprenticeship License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
MM/DD/YYYY

### APPRENTICESHIP INFORMATION (TO BE COMPLETED BY APPROVED INSTRUCTOR)

Apprenticeship Start Date: \_\_\_\_\_ Apprenticeship End Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY  
 Number of client services performed: \_\_\_\_\_ Hours of theory training: \_\_\_\_\_  
 Hours of practical training: \_\_\_\_\_  
**Total hours of all training:** \_\_\_\_\_

Instructor's Name: \_\_\_\_\_  
First Middle Last

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Note: All Division communication regarding supervision will be sent to this email.

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

Name of Establishment: \_\_\_\_\_

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

### ATTESTATION:

I certify that the applicant named above has successfully completed an approved apprenticeship as outlined in R156-11a, under my direct supervision, at the cosmetology facility named above. I further certify that the apprentice did not work more than 40 hours per week and not more than five out of every seven consecutive days.

I understand that the daily apprenticeship record (logs) must be made immediately available to the Division upon request. To this end, I will maintain a copy of the apprenticeship record until the end of the applicant's first professional license renewal period.

I further certify that the applicant is capable, competent, and qualified to practice as a licensed (Select one):

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> BARBER      | <input type="checkbox"/> COSMETOLOGIST/BARBER | <input type="checkbox"/> HAIR DESIGNER     |
| <input type="checkbox"/> ESTHETICIAN | <input type="checkbox"/> MASTER ESTHETICIAN   | <input type="checkbox"/> NAIL TECHNOLOGIST |

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

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**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**

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	Esthetician.....	\$60.00
Cosmetologist/Barber .....	\$60.00	Master Esthetician .....	\$85.00
Hair Designer .....	\$60.00	Electrologist.....	\$50.00
Nail Technician.....	\$60.00		

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

**LICENSURE BY APPLICATION**

In addition to the items required for all applicants, you must submit:

- Passing examination scores as required. Examination information is available on our [website](#).
- Obtain Official documentation of meeting one of the following educational pathways:
  - School
  - 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:

- o [Josef Silny & Associates Inc. International Education Consultants](#)
- o [Educational Credential Evaluators Inc.](#)
- o [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 and your license type.

**Note:** If your state's licensing requirements fall 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 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). Do not send applications or payments to this email.