

# IDAHO BARBER AND COSMETOLOGY SERVICES LICENSING BOARD

Idaho Division of Occupational and Professional Licenses

11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or

P.O. Box 83720, Boise ID 83720-0063

Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>

E-mail: [bcb@dopl.idaho.gov](mailto:bcb@dopl.idaho.gov)

## APPLICATION FOR LICENSURE

Please complete this form by providing the requested information and signing below. Your signature must be notarized. Submit the completed form and enclose payment of appropriate fees as noted in the schedule below to the address above. **NOTE: Incomplete applications that do not include all the items required may delay licensure.**

**INSTRUCTIONS AND CHECKLIST FOR APPLICATION BY ENDORSEMENT.** Applicants must hold a current license in good standing from a state whose standards are equal to Idaho standards (hours and examination) **OR** hold a current license in good standing from another state and have at least one (1) year (12 months) of work experience in the last three (3) years. The Board will review the information you submit. In accordance with Idaho laws and rules, you may be required to submit additional materials, pay additional fees, and/or take all or part of the licensure examination.

- Completed application. All requested information must be provided along with the notary seal.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of transcript, diploma, etc. showing proof of completion of the tenth grade.
- Copy of marriage license or divorce decree if name used on accompanying documents does not match the one on the application.
- Order certification of licensure from the state(s) where you are currently or have been licensed to be mailed to our office.
- Attach correct fees. (\$60 for application fee and endorsement fee)

## **CHECKLIST FOR APPLICATION BY EXAMINATION.**

- Completed application. All requested information must be provided along with the notary seal.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Copy of transcript, diploma, etc. showing proof of completion of the tenth grade.
- Copy of marriage license or divorce decree if name used on accompanying documents does not match the one on the application.
- If not licensed in another state, transcripts of training must be sent to us directly from the school you attended.
- If you are licensed in another state, certification of licensure and examination type must be ordered and sent directly to the Board.
- Attach correct original license fees. (\$50 for application fee and original license fee)
- Proof of successful passage of the required exam. For information on exams and exam times, please contact ProV at [www.provexam.com](http://www.provexam.com).**

- Itemized record of instruction with total hours and services completed during training.

NOTE: If you do not qualify for endorsement, in-lieu-of-training hours will be allowed for each year of practical experience gained under licensure. (Please review Rule 303, 305, 306, & 307).

Minimum hours required for application by Examination: 900 for barber; and 1500 for barber-stylist; 1,600 for cosmetology; 400 for nail technology; 600 for esthetics; 600 for electrology; and 900 for haircutter.

**All applicants must review the Idaho laws & rules** prior to licensure. Please note that according to Section Idaho Code § 54-5803, you must be licensed to practice. The Idaho Barber and Cosmetology Services Licensing Board Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

## **ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES**

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

FEES	
APPLICATION FEE	\$ 25.00
ORIGINAL LICENSE FEE	\$ 25.00
ENDORSEMENT FEE	\$ 35.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

**Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.**

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**APPLICATION FOR LICENSURE**

I hereby submit my qualifications and make application for a license to practice: (Please mark one box, if you are applying for more than one license, please submit a separate application for each license.)

Barber  Barber Stylist  Cosmetology  Esthetics  Nail Technology  Electrology

in the State of Idaho under the provisions of Title 54, Chapter 58, Idaho Code as amended.

**1. Full Name (Mr., Mrs., or Ms.)** \_\_\_\_\_  
(Your full legal name is required. Legal documentation of any name changes from birth to the present are required.)

**2. Address of Record** \_\_\_\_\_  
(The above address is a public record.) Street City State Zip

**3. Mailing Address** \_\_\_\_\_  
(Will be used as address of record if none provided above.) Street City State Zip

**4. Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy  
(Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID or valid driver’s license must be attached.)

**5. Social Security No.** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **E-mail** \_\_\_\_\_  
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609.)

**6. Business Phone** (\_\_\_\_) \_\_\_\_\_ **Other Phone** (\_\_\_\_) \_\_\_\_\_  
(This number is a public record.) (This number is not a public record.)

**7. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**  
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.)  Yes  No

**8. Do you have at least a tenth (10<sup>th</sup>) grade education or the equivalent?**  Yes  No  
(Proof of 10<sup>th</sup> grade education must be attached.)

**9. Have you completed the required training/experience?**  Yes  No  
**Please list the name and address of the school you attended.** \_\_\_\_\_  
(Certified documentation of your training must be received by the Board directly from the training institution or licensing authority. Any experience under licensure in another jurisdiction must be noted on the addendum.)

**10. Are you or have you ever been licensed in any state to practice barbering or cosmetology wholly or in part?**  Yes  No  
(If Yes, list the state(s) here \_\_\_\_\_ certification of licensure must be received directly from the licensing authority or authorities before your application will be processed. Please review the attached addendum. If previously licensed in Idaho, enter your license number here: \_\_\_\_\_.)

**11. Which parts of the national NIC examination have you taken and passed?**  Practical  Written/Theory  None

**12. Have you ever received a conviction, finding of guilt, or suspended sentence for any felony in any state, including Idaho, or other jurisdiction?**  Yes  No  
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

**13. Have you had a license revoked, suspended, or otherwise sanctioned (disciplined or fined) in Idaho or elsewhere?**  Yes  No  
(If yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

IDAHO BARBER AND COSMETOLOGY SERVICES LICENSING BOARD  
APPLICATION FOR LICENSE

Incomplete applications that do not include all the items required will not be processed.

**ADDENDUM**

APPLICANT NAME \_\_\_\_\_

**B. WORK EXPERIENCE:** Please list all work experience obtained under licensure. Experience obtained under a permit or prior to being issued a license will not be considered. Include employer names, addresses, phone numbers and dates of practice.

NAME OF SHOP \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_

ADDRESS OF SHOP \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
Street Address, City, State, Zip Code

DATES OF PRACTICE \_\_\_\_\_ TO \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

NAME OF SHOP \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_

ADDRESS OF SHOP \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
Street Address, City, State, Zip Code

DATES OF PRACTICE \_\_\_\_\_ TO \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

NAME OF SHOP \_\_\_\_\_ EMPLOYER'S NAME \_\_\_\_\_

ADDRESS OF SHOP \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
Street Address, City, State, Zip Code

DATES OF PRACTICE \_\_\_\_\_ TO \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

If more space is needed, attach a separate sheet of paper

**AFFIDAVIT**

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

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

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_