

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

APPLICATION FOR MAKEUP ARTIST CERTIFICATE

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. **Incomplete applications that do not include all the items required may delay licensure.**

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 name on the application.
- Proof of 100 hours of training/education/experience in makeup artistry in accordance with Rule 301.07.
- Attach correct fees - \$50 for application fee and original certificate.
- If you are licensed in another state, certification of licensure and examination type must be ordered and sent directly to the Board.

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.

All applicants must review the Idaho laws & rules prior to certification. Please note that according to Section Idaho Code § 54-5803, you must hold a certificate or other license to practice. The Idaho Barber and Cosmetology Services Licensure Board Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

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.

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 §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

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APPLICATION FOR MAKEUP ARTIST CERTIFICATE \$50 fee.

I hereby submit my qualifications and make application for a certificate to practice makeup artistry 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 may be 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 (10th) grade education or the equivalent? Yes No
(Proof of 10th grade education must be attached.)

9. Have you completed the required training/experience required in Rule 308? Yes No
Please list the training/education/experience. _____
(Please see Rule 308.03 for providing proof of education/training.)

10. Have you ever received a conviction, finding of guilt, withheld judgment 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.)

11. 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.)

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 _____