

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration**

NEW LICENSE APPLICATION

SECTION 6. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "No" to question A or "Yes" to any of questions B through J below, you must provide full information and complete details on a separate sheet of paper and attach with this application form.

**PEARSON
VUE
ONLY**

| | | | | |
|----|---|---------------------------------|--------------------------------|--------------------------|
| A. | I certify that I am in compliance with the "Clean Hands Before Receiving a License or Permit Act of 1996" (DC Law 11-118, DC Code §47-2861 et seq.) and I do not owe any outstanding debt over \$100 to the District government as a result of any fine, fee, penalty, interest, or past due taxes as stipulated in that law. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Do you owe any outstanding debt to the District government as a result of any past due child support payments as stipulated in the "Child Support and Welfare Reform Compliance Amendment Act of 2000" (DC Law 13-269, DC Code §46-225.01)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Have you ever been convicted of a crime (other than minor traffic violations) not previously reported to the Board? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete the "Professional Licenses in Other States/Jurisdictions" section of this form.) | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Has any authority taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this board? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| G. | Do you have a physical or medical condition that currently impairs your ability to practice your profession? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| H. | Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| I. | Have you withdrawn an application to practice your profession in DC or any other state/jurisdiction? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| J. | Exam applicants: Have you completed DC examination scheduling form with one photo and correct fee? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 7. APPLICANT AFFIDAVIT

I, being duly sworn, depose and say that the information given in this application, including all writings and exhibits attached hereto, is true and complete.

**PEARSON
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APPLICANT SIGNATURE

NAME (Please Print)

DATE

Subscribed and sworn to before me this ____ day of _____, _____ by the affiant, who personally appeared before me.
(Month) (Year)

**PEARSON
VUE
ONLY**

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

(SEAL)

PEARSON VUE ONLY

Board approval date (mm/dd/yyyy): ____/____/____

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| SECTION 8. SUPPORTING DOCUMENTS REQUIRED | | | PEARSON VUE ONLY |
|---|---------------------------------|--------------------------------|--------------------------|
| Please indicate the supporting documents you have included with this package or requested to be sent to Pearson VUE on behalf of your professional licensing Board. Keep a photocopy of all supporting documents for your records. | | | |
| A. All applicants: Two recent passport-type photos of the applicant's face (approx. 2" X 2") with applicant's name printed on the back. Home snapshots or computer photographs are not acceptable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| B. All applicants: If name has changed since attending College. Copies of legal documents supporting all name changes. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| C. All applicants: Proof of completion of the required barber education program or certificate and/or a notarized copy of graduation certificate in an unopened sealed envelope. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| D. All applicants: Notarized employment verification on company letterhead, to include dates, detail description of duties performed, signature of currently licensed manager or owner and the manager or owner's license number and state of licensure. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| E. If applying Barber by Endorsement/Reciprocity: Verification of licensure from most current state. If you are not currently licensed in your original state, you must submit a verification from another state currently licensed and a copy of your current license. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| F. If applying for Barber by Endorsement/Reciprocity: Do you meet the combination of education, training, work experience and licensure in another state/jurisdiction. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| G. Barber Manager applicants that are going to be the designated manager of a shop are required to submit the designated manager form. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| H. Barber Owner applicants: Submit a complete designated manager form. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| I. Barber Owner applicants only: Copy of the Barber Shop Certificate of Occupancy. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| J. Barber Owner applicants only: Do you have a Barber Shop or Beauty Shop Business License issued by the DC Business Regulation Administration. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| K. Not applicable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| L. Not applicable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| M. Not applicable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| N. Not applicable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| O. Not applicable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| P. Not applicable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| Q. Not applicable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| R. Not applicable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| S. Not applicable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |
| T. Not applicable. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> |

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PEARSON VUE ONLY – EXAM RESULTS

| EXAM #1 | EXAM #2 |
|---|---|
| Exam Name/ID: <input style="width:100%;" type="text"/> | Exam Name/ID: <input style="width:100%;" type="text"/> |
| Exam Date: (mm/dd/yyyy) <input style="width:100%;" type="text"/> | Exam Date: (mm/dd/yyyy) <input style="width:100%;" type="text"/> |
| Raw Score: <input style="width:100%;" type="text"/> | Raw Score: <input style="width:100%;" type="text"/> |
| Converted Score: <input style="width:100%;" type="text"/> | Converted Score: <input style="width:100%;" type="text"/> |
| Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| Exam Part/ID: <input style="width:100%;" type="text"/> | Exam Part/ID: <input style="width:100%;" type="text"/> |
| Raw Score: <input style="width:100%;" type="text"/> | Raw Score: <input style="width:100%;" type="text"/> |
| Converted Score: <input style="width:100%;" type="text"/> | Converted Score: <input style="width:100%;" type="text"/> |
| Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| EXAM #3 | EXAM #4 |
| Exam Name/ID: <input style="width:100%;" type="text"/> | Exam Name/ID: <input style="width:100%;" type="text"/> |
| Exam Date: (mm/dd/yyyy) <input style="width:100%;" type="text"/> | Exam Date: (mm/dd/yyyy) <input style="width:100%;" type="text"/> |
| Raw Score: <input style="width:100%;" type="text"/> | Raw Score: <input style="width:100%;" type="text"/> |
| Converted Score: <input style="width:100%;" type="text"/> | Converted Score: <input style="width:100%;" type="text"/> |
| Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| Exam Part/ID: <input style="width:100%;" type="text"/> | Exam Part/ID: <input style="width:100%;" type="text"/> |
| Raw Score: <input style="width:100%;" type="text"/> | Raw Score: <input style="width:100%;" type="text"/> |
| Converted Score: <input style="width:100%;" type="text"/> | Converted Score: <input style="width:100%;" type="text"/> |
| Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| EXAM #5 | EXAM #6 |
| Exam Name/ID: <input style="width:100%;" type="text"/> | Exam Name/ID: <input style="width:100%;" type="text"/> |
| Exam Date: (mm/dd/yyyy) <input style="width:100%;" type="text"/> | Exam Date: (mm/dd/yyyy) <input style="width:100%;" type="text"/> |
| Raw Score: <input style="width:100%;" type="text"/> | Raw Score: <input style="width:100%;" type="text"/> |
| Converted Score: <input style="width:100%;" type="text"/> | Converted Score: <input style="width:100%;" type="text"/> |
| Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> |
| Exam Part/ID: <input style="width:100%;" type="text"/> | Exam Part/ID: <input style="width:100%;" type="text"/> |
| Raw Score: <input style="width:100%;" type="text"/> | Raw Score: <input style="width:100%;" type="text"/> |
| Converted Score: <input style="width:100%;" type="text"/> | Converted Score: <input style="width:100%;" type="text"/> |
| Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> | Score Status: Pass <input type="checkbox"/> Fail <input type="checkbox"/> |

NOTICE

This application for licensure in the District of Columbia is provided to you in a ***new interactive format***. This application form **can** be filled out online, but the form **cannot** be submitted electronically. You must print out the completed form and submit with all other required documentation listed in the application instructions section of the new license package.

Please note the following instructions for completing your application form:

- Fill out your application information online.
- Print and notarize your completed application form.
- Mail the application, along with all required supporting documents and applicable fees, to Pearson VUE at the address listed on the application.

Should you encounter any problems with completing the application form online, we welcome your questions and feedback. We encourage our customers to contact us by **email**, or by dialing the toll-free number listed on the application.

[Proceed to the application.](#)