

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

DCBCLIC02



**Board of Cosmetology
NEW LICENSE APPLICATION**

Please read instructions before completing this form. If you have any questions, call Pearson VUE's toll-free Customer Service line at **1-877-374-1155** Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

SECTION 1. REQUESTED LICENSE TYPE/FEEs (includes non-refundable application fee – see instructions)

Method (Origin) of Application:
(Check only one)

(See page 4 of Instructions for License Type, Specialties and Fee Listing to complete below).

- | <u>Code</u> | <u>Description</u> |
|------------------------------|--|
| (E) <input type="checkbox"/> | Examination |
| (R) <input type="checkbox"/> | Re-examination |
| (N) <input type="checkbox"/> | Endorsement |
| (O) <input type="checkbox"/> | Other |
| (O) <input type="checkbox"/> | Other <i>(Waiver of Exam)</i>
<i>Expires 1/8/2012</i> |

Requested License Type:

_____ \$ _____.00
Code Description

Requested Specialty:

_____ \$ _____.00
Code Description

Duplicate Licenses _____ X \$30.00 = \$ _____.00

Make check or money order payable to
Pearson VUE and mail to:

PEARSON VUE
Department DC – Cosmetology
Metro-Plex I, Suite 250
8401 Corporate Drive
Landover, MD 20785

PEARSON VUE ONLY

Check \$	Ck #	Clerk
\$ _____.00		

Total Enclosed \$ _____.00

Are you requesting Special Accommodations?
If yes, see Section 9.
YES NO

SECTION 2. APPLICANT NAME OR COMPANY/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete the "Previous Names" section of this application. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME OR COMPANY NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

SOCIAL SECURITY NUMBER/FEIN*

____ - ____ - ____
M M D D Y Y Y Y
DATE OF BIRTH

PLACE OF BIRTH
Provide City and State for US birthplace or Country for foreign place of birth.

Male Female
GENDER
Please check the correct box.

* Due to an amendment to the D.C. laws (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000," effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.

NOTICE OF NON-DISCRIMINATION

In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Code §2-1401.01 et seq. ("the Act"), the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income, or place of residence or business or Victim of an Intra-Family Offense (domestic violence). Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

NOTICE OF MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

NOTICE OF FRAUD, CORRUPTION AND WASTE

If you are aware of corruption, fraud, waste, abuse, or mismanagement involving any D.C. government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline, (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous. By law, government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties, or criminal prosecution in appropriate cases.

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SECTION 3. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: Marriage Divorce Court Order

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order (Jr, Sr, etc.)

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

SECTION 4A. HOME ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

APARTMENT SUITE FLOOR PO BOX NUMBER _____

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 EMAIL ADDRESS

HOME PHONE NUMBER HOME FAX NUMBER

SECTION 4B. BUSINESS ADDRESS

Even if you have a PO Box, a street address MUST also be provided. The zip code should correspond to the PO Box number.

COMPANY NAME

APARTMENT SUITE FLOOR PO BOX NUMBER _____

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4 EMAIL ADDRESS

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER

SECTION 4C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed. The address that will appear on your license is determined by your license type.

HOME BUSINESS

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SECTION 9. 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 except owners: 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 except owners: Include a legible copy of a current government-issued photo ID, such as your valid driver license, as proof of identity.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
C. All applicants except owners: 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"/>
D. Examination Applicants: Submit a Formal Education Certificate with an official school seal. Must be sent directly from the school to Pearson VUE or submitted in a sealed envelop.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
E. Endorsement Applicants: Request a Verification of Licensure to be sent from your original state directly to Pearson VUE. Verification must indicate the passing of the National-Interstate Council of State Boards of Cosmetology, Inc. (NIC) National Examination.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
F. Endorsement Applicants: Submit a completed Cosmetology Supplemental Information Form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
G. Cosmetology Owner and/or Manager applicants: Submit a complete Cosmetology Salon Owner/Designated Manager/Designated Instructor Form. MUST RETURN ORIGINAL Manager 5x7 license.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
H. Cosmetology Owner Applicants: Submit proof of the FEIN Number or Tax ID Number issued by the IRS or by the Office of Tax and Revenue (OTR).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I. Cosmetology Owner Applicants: Submit a copy of the Certificate of Occupancy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
J. Cosmetology Owner (Corporation and Partnership) Applicants only: Submit an Original Certificate of Good Standing.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
K. Cosmetology Owner applicants only: Submit an Original Certificate of Registration, <u>if using a Trade Name (or Doing Business As "DBA")</u> .	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
L. Cosmetology Owner Applicants only: Submit proof of application to DCRA Business License Division for a Basic Business License.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
M. Cosmetology Master Esthetician Manager Applicants ONLY: Submit an Official National Coalition of Estheticians, Manufactures/Distributors & Association (NCEA) Certification.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
N. Cosmetology Apprentice Applicants: Submit completed Verification of Apprenticeship Registration.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
O. Cosmetology Operator Applicants who have completed apprenticeship program : Submit completed Supplemental Apprentice Employment Form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
P. Temporary License Applicant Only: Submit 2 completed applications - one (1) for a License by Exam and one (1) for a Temporary License.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
Q. SPECIAL ACCOMODATIONS: When requesting Special Accommodations for Examinations, you must submit your request in writing along with your application and provide supporting documentation from your doctor.	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"/>
U. Not applicable.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>