GOVERNMENT OF THE DISTRICT OF COLUMBIA
Occupational and Professional Licensing Administration

DC BC APP01

Board of Cosmetology

COSMETOLOGY SALON OWNER/DESIGNATED MANAGER/DESIGNATED INSTRUCTOR FORM

This supplemental form must be completed by Cosmetology Salon Owner and/or Designated Manager licensees in the Cosmetology trade who wish to add, change, or terminate a Cosmetology Salon/Designated Manager relationship. If you have any questions, call Pearson VUE's toll-free Customer Service line at 877-374-1155 Monday through Friday, 8AM to 5PM EST

Section 1. REQUEST TYPE AND FEES

Please indicate the type of request being submitted:

- ☐ Cosmetology Salon submitting first-time new license application (requires fee)
- ☐ Cosmetology Salon changing Designated Manager/Designated Instructor (requires fee)
- ☐ Designated Manager, terminating Cosmetology Salon relationship – *Section 2 only* (requires fee)

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

Pearson VUE
Dept. DC – Cosmetology
Metro-Plex I, Suite 250
8401 Corporate Drive
Landover, MD 20785

Change of Designated Manager Fee $ 30 .00
(Includes one new license print for the Designated Manager)

☐ Duplicate Licenses (limit 5) qty: _____ X $30.00 = $_____.00

Total Enclosed $_____.00

Pearson VUE Only

New Shop License Application:
BTRS B/R _____

Check Amt	Check Number	Clerk
$_____.00		

Section 2. DESIGNATED MANAGER INFORMATION

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

LICENSE PREFIX/NUMBER

SOCIAL SECURITY NUMBE*

* Due to the most recent 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.

Are you currently a designated manager for a Cosmetology Salon?

- ☐ YES I am regularly employed by the firm, person, or corporation indicated in the Cosmetology Salon section below, and all work performed in the District of Columbia by the Cosmetology Salon is under my supervision.
- ☐ NO Please terminate any relationship I have with a Cosmetology Salon and re-issue a regular Manager license for me.

DESIGNATED MANAGER'S SIGNATURE: _____ DATE: _____

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Section 3. COSMETOLOGY SALON INFORMATION

COSMETOLOGY SALON NAME

COSMETOLOGY SALON LICENSE PREFIX/ NUMBER

SALON'S FEIN/TAX ID*

Both parties to this agreement understand that they must each submit a Cosmetology Salon/Designated Manager Form immediately upon resignation or severance of connection of the above Designated Manager with the above Cosmetology Salon. The previous relationship will stay in place for up to 15 days beyond the date of receipt of a subsequent form, which would serve to terminate such relationship. We hereby acknowledge that the Cosmetology Salon must have one (and only one) Designated Manager in order to conduct business in DC, and that this Designated Manager is not designated for any other Cosmetology Salon.

COSMETOLOGY SALON OWNER'S SIGNATURE: _____ DATE: _____
(Owner, Partner or Officer)

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