# State of New Hampshire

**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**
**Board of Barbering, Cosmetology and Esthetics**
**7 Eagle Square, Concord, NH 03301**
**Phone: 603-271-2152**

## BOARD OF BARBERING, COSMETOLOGY, AND ESTHETICS
## INITIAL APPLICATION FOR LICENSURE

Please indicate the type of license you are applying for:

☐ BARBER ☐ MASTER BARBER ☐ COSMETOLOGIST ☐ ESTHETICIAN ☐ MANICURIST

PLEASE ENCLOSE THE FOLLOWING:

1. Application fee. Please make check or money order payable to: "Treasurer, State of New Hampshire";
2. A copy of your high school diploma or equivalent;
3. For individuals who completed the required number of hours in an out-of-state school and are not yet licensed in any state, a letter from the state board in which the school is located, verifying: (1) the name of the board or agency and the state where the apprenticeship took place; (2) the name of the applicant; (3) The name of the school or shop and the address where the apprenticeship was completed; (4) apprenticeship enrollment date; (5) apprenticeship completion date; (6) total number of apprenticeship hours completed; (7) date, signature and title of person writing the letter; and (8) the board or agency seal;
4. A copy of your driver's license or birth certificate providing proof of age;
5. Documentation that the applicant completed an apprenticeship in accordance with Bar 301.03 (i.e., a transcript or completed apprenticeship hours)
6. A completed Questionnaire for Applicants and Licensees; and
7. Documentation of passing score on the written and practical examinations in accordance wtih RSA 313-A:10-13.

Name: _____
First Middle Last

Address: _____

Telephone#: _____

SS #: _____ Month of Birth: _____

Email (optional; renewal notices will be emailed only): _____

**I, hereby certify that the statements made in this application and in any other documents submitted in connection with this application are true and accurate. I have not withheld information that is requested. I am aware that a false, dishonest, or misleading answer may be grounds for: 1) denial of this application; 2) disciplinary action against my license; and further that false statements are punishable by law.**

Applicant signature: _____ Date: _____