

## 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 INDIVIDUALS LICENSED IN ANOTHER STATE FORM

Please indicate the type of license you are applying for:

## BARBER MASTER BARBER COSMETOLOGIST ESTHETICIAN MANICURIST

## YOU MUST 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. A copy of a transcript of training including total number of hours;
- 4. Certificate of state licensure from state board that issued current license held, setting forth: 1) state of licensure and name of the board or agency that issued the license; 2) name of applicant; 3) name and address of school or shop where apprenticeship was completed; 4) applicant's enrollment and completion date; 5) total number of hours completed; 6) year first license was issued; 7) expiration date of last held license; 8) exam date(s), language exam taken in, and scores; 9) signature, current date, and title of person filling out certificate of state licensure; and 10) state seal, if applicable.
- 5. A completed Questionnaire for Applicants and Licensees.
- 6. If applying for a barber or cosmetology license and seeking an exemption pursuant to Bar 305.01, provide poof of work experience.

Name:				
First	Middle	Last		
Address:				
SS #:				
State of Current License: Type of Current License:				
Email (optional; renewal	notices will be emailed only):			
Name of school or shop in	n which you were an apprentice:			
	o in which you were an apprentice			
	te:Appren			
Total apprenticeship hour	s completed:			
Applicant signature:		Date:		