

STATE OF NEW HAMPSHIRE LICENSURE APPLICATION

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION

DO NOT SEND THIS APPLICATION UNTIL YOU HAVE PASSED THE NIC WRITTEN AND PRACTICAL EXAM. YOU ARE ALSO REQUIRED TO SUBMIT A COPY OF YOUR EXAM RESULT LETTERS.

You must send in this application, \$30.00 license fee, and exam result letters to the State of New Hampshire immediately upon receiving your passing information. You will not be permitted to practice your profession until this application, completed Questionnaire for Applicants and Licensees, exam results letters, and the licensing fee has been received by the Board office.

Please complete and submit this application, Questionnaire for Applicants and Licensees, licensing fee of \$30.00, check or money order made payable to: "TREASURER, STATE OF NEW HAMPSHIRE"

Mail to the following address:

**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
121 SOUTH FRUIT ST
CONCORD NH 03301**

As a licensee it is your duty to stay informed of the laws and rules relative to barbering, cosmetology, esthetics, and manicuring. By signing this form you agree to the following:

"I hereby certify that I have read and understand the laws (RSA 313-A) and administrative rules relative to barbering, cosmetology, esthetics and manicuring. By signing this application I agree to adhere to the laws and rules as set by the Board. I am aware that the Board of Barbering, Cosmetology, and Esthetics has authority to proceed with disciplinary proceedings against my license for any violation of the RSA 313-A or the Board's administrative rules."

Check one: Cosmetology Manicurist Barber Master Barber Esthetician
 Instructor

PLEASE PRINT OR TYPE:

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of birth: _____

Signature: _____ Date: _____

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF BARBERING, COSMETOLOGY, & ESTHETICS

121 South Fruit Street
Concord, N.H. 03301-2412

Telephone 603-271-3608 · Fax 603-271-3950

SARAH BLODGETT
Acting Executive Director



BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
QUESTIONNAIRE FOR APPLICANTS AND LICENSEES

This questionnaire must be completed using blue or black ink, signed, and sent to the NH Board of Barbering, Cosmetology, and Esthetics at the above address with your application for licensure or renewal. (If additional space is required for explanation, use other side.)

1. Have you ever been convicted of any felony or misdemeanor, other than a traffic violation, which has not been annulled by a court? (Circle one) YES NO

If yes, Before the Board can review your file for approval they must have the following documents: You must obtain from the Court(s) a copy of the court charge(s), conviction(s), penalties imposed, and provide a statement from you relative to the charge(s). If you are currently on probation/parole you must provide all the above plus the following: Your probation/parole officers name, mailing address, and telephone number if applicable; you must obtain a letter from your probation/parole officer stating you are in compliance with your probation/parole. If you were on probation/parole and have completed all requirements, we need a letter indicating you have met all requirements and are no longer on probation/parole.

If you have already submitted the above to the Board in a prior application, and the Board approved the conviction(s), you must state the conviction, the date of the conviction, and the date the Board approved this conviction:

2. Are you addicted to the use of alcohol or other habit-forming drugs to a degree rendering you unfit to practice under RSA 313-A. (Circle one) YES NO If yes, explain:
3. Have you been determined by a court to be mentally incompetent or do you have, or have you been told by health practitioner or mental health practitioner that you have, a physical or a mental condition that impairs your ability to practice the profession for which you are seeking licensing under RSA 313-A?
(Circle one) YES NO If yes, explain:

"I, hereby certify that the statements made on 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: _____

Applicant Name (Please Print): _____

Current Mailing Address: _____

Telephone: _____ Social Security No. _____

(optional)