

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

DAVID GROSSO
Executive Director

LINDSEY COURTNEY
Division Director



**BOARD OF BARBERING, COSMETOLOGY & ESTHETICS
APPLICATION TO OBTAIN A DUPLICATE LICENSE**

Please send the following to obtain a duplicate of a current personal license:

1. A Copy of your driver's license;
2. A check or money order made payable to: "Treasurer State of New Hampshire" in the amount of \$15.00;
3. Completed and signed Questionnaire for Applicants and Licensees;
4. Name change must include a copy of the official documentation such as a marriage license, court document, or divorce decree. A driver's license is **not** acceptable for name change.

Please send above information to:

Office of Professional Licensure and Certification
Board of Barbering, Cosmetology, and Esthetics
121 South Fruit St
Concord, NH 03301

Board office staff will no longer attach passport photographs to the licenses. You are required to attach a current facial front-view photograph of yourself to the license when you receive it. You are also required to have government-issued photo identification available for the inspector at all times while working in a licensed facility. Failure to attach a photo or provide identification to an inspector will result in fines and possible disciplinary action by the Board.

Once the Board has received all the necessary information a duplicate license will be issued and mailed to you. If you have any questions, please do not hesitate to contact the Board office.

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**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 in 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 3) false statements are punishable by law.

Applicant Signature: _____

Applicant Name (Please Print): _____

Current Mailing Address: _____

Telephone _____

Social Security No. _____

(optional)