

APPLICATION FOR LICENSURE BY ENDORSEMENT

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Barber, Cosmetologist, Esthetician, Hairstylist, or Manicurist in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Barber and Cosmetologist Act, specifically 12-8-114; and the Rules and Regulations of the Colorado Office of Barber and Cosmetology Licensure, specifically Rule 10. Both documents can be found online at www.dora.colorado.gov/professions/cosmetology.

- To apply for licensure by endorsement, you must hold an active, valid license in another state that is substantially equivalent to Colorado's requirements for licensure. **This means that you have: 1) graduated from an approved school, and 2) passed a practical and written examination.**
- Colorado does not offer a combined license or temporary license.

License Type Descriptions. For a complete description of services offered by each profession, view the Barber and Cosmetology Practice Act at www.dora.colorado.gov/professions/cosmetology.

- Barbers work with the scalp and hair of the head, perform face shaving and beard trimming, and basic barber facials.
- Cosmetologists work with the hair of the head (cutting, styling, coloring, etc.); trim beards but do not perform face shaving; perform manicures and pedicures; and provide skin care/esthetic services (facials, makeup, waxing, etc.).
- Estheticians perform skin care services, advanced esthetic treatments (microdermabrasion and chemical peels), apply makeup, and remove superfluous hair.
- Hairstylists work with the hair of the head and trim beards but do not perform face shaving.
- Manicurists provide basic manicures and pedicures, apply artificial nail enhancements, and perform waxing on the hands and feet.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file will be purged if you do not submit required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

APPLICANT INSTRUCTIONS (Continued)

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

License Expiration Grace Period for New Applicants.

- Barber, Esthetician, Hairstylist, and Manicurist licenses expire on March 31 of even-numbered years and must be renewed to continue practicing.

All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between December 1, 2013 and March 31, 2014 will expire March 31, 2016. Licenses issued prior to December 1, 2013 will expire March 31, 2014 and must renew in the upcoming renewal period.

- Cosmetologist licenses expire on April 30 of either odd-numbered years or even-numbered years, are dependent upon the issuance date, and must be renewed to continue practicing.

All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between January 1, 2013 and April 30, 2013 will expire April 30, 2015. Licenses issued prior to January 1, 2013 will expire April 30, 2013 and must renew in the upcoming renewal period.

APPLICANT CHECKLIST

To apply for Colorado licensure by endorsement:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Request that verification of licensure be sent directly to our office from ALL states where you have been licensed to practice during the last five (5) years from the date of application, as well as the state where you were originally licensed.** The Verification of Licensure form must be dated within 90 days from the date of your Colorado application.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Barber/Cosmetology
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Professions and Occupations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to **State of Colorado**.

Indicate the license type(s) you seek. Enclose a fee of **\$50** for each license type you select:

- Barber
 Cosmetologist
 Esthetician
 Hairstylist
 Manicurist

Total Fee Enclosed: \$ _____

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address:	PO Box, Street:		
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business	City, State, Zip:		
Daytime Telephone Number: ()	E-mail Address:		
	Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail		

PART 2—LICENSE INFORMATION

State of Original Licensure by Examination:					
License Type	State	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
List ALL states/jurisdictions where you have held a license and list the type of license (if needed, attach an additional sheet in the same format). Note: This office must receive a verification of licensure from EVERY state or jurisdiction where you hold or have held a license in the last five (5) years, as well as verification from your state of original licensure.					
License Type	State	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; and locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY **LICENSE NUMBER:** _____ **DATE ISSUED:** _____

PART 3—WORK EXPERIENCE HISTORY

If you have not worked as a barber, cosmetologist, esthetician, hairstylist, or manicurist in the last five (5) years, check this box and continue to Part 4.

—OR—

Complete the appropriate table(s) below to show your professional work experience for the last five (5) years. Be as accurate as possible, since this information could help us determine your eligibility for Colorado licensure. If needed, attach an additional sheet in the same format.

BARBER

Salon Address	Salon Phone Number	Self Employed?	Employment Start Date	Employment End Date	Total Number Hours Worked Barber
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

GRAND TOTAL Hours worked as Barber: _____

COSMETOLOGIST

Salon Address	Salon Phone Number	Self Employed?	Employment Start Date	Employment End Date	Total Number Hours Worked Cosmetologist
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

GRAND TOTAL Hours worked as Cosmetologist: _____

ESTHETICIAN

Salon Address	Salon Phone Number	Self Employed?	Employment Start Date	Employment End Date	Total Number Hours Worked Esthetician
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

GRAND TOTAL Hours worked as Esthetician: _____

HAIRSTYLIST

Salon Address	Salon Phone Number	Self Employed?	Employment Start Date	Employment End Date	Total Number Hours Worked Hairstylist
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

GRAND TOTAL Hours worked as Hairstylist: _____

MANICURIST

Salon Address	Salon Phone Number	Self Employed?	Employment Start Date	Employment End Date	Total Number Hours Worked Manicurist
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

GRAND TOTAL Hours worked as Manicurist: _____

Barber	Work with scalp and hair of the head, perform face shaving and beard trimming, and basic barber facials.
Cosmetologist	Work with the hair of the head (cutting, styling, coloring, etc.); trim beards but do not perform face shaving; perform manicures and pedicures; and provide skin care/esthetic services (facials, makeup, waxing, etc.).
Esthetician	Perform skin care services, advanced esthetic treatments (microdermabrasion and chemical peels), apply makeup, and remove superfluous hair.
Hairstylist	Work with the hair of the head and trim beards but do not perform face shaving.
Manicurist	Provide basic manicures and pedicures, apply artificial nail enhancements, and perform waxing on the hands and feet.

PART 4—MILITARY QUESTIONS

1. Are you a Member of the U.S. military? YES NO
 ➤ If **YES**, provide information below:

Branch:	Duty Station:
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2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? YES NO
 ➤ If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.

PART 5—SCREENING QUESTIONS

1. Has any disciplinary action ever been taken regarding your license which you now hold or any license you have ever held? YES NO
 ➤ If **YES**, provide information below.

State or Jurisdiction	Date	Charge	Disposition

2. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a barber, cosmetologist, esthetician, hairstylist, or manicurist safely and competently? YES NO
 ➤ If **YES**, provide an explanation: _____

3. Have you ever been convicted of a felony, pled guilty or *nolo contendere* to a felony, or accepted a deferred judgment or deferred prosecution to a felony charge? YES NO
 ➤ If **YES**, you must complete the *Information Regarding Felony Conviction* form available online at www.dora.colorado.gov/professions/cosmetology.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature **Date**

COLORADO VERIFICATION OF LICENSURE

Applicant: Complete Part 1 and mail this form to each State Board where you have been licensed as a barber, cosmetologist, esthetician, hairstylist, or manicurist for your original licensure by examination and all others during the past five (5) years.

Part 1—To be completed by the APPLICANT

Name: Last	First	Middle	Suffix
My name should appear in your record as:			
Social Security Number:		Date of Birth:	
Mailing Address:	PO Box, Street:		
	City, State, Zip:		
License Type:			
<input type="checkbox"/> Barber	<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Hairstylist <input type="checkbox"/> Manicurist
I am requesting that you provide verification of my license(s) as indicated above to the State of Colorado.			
Applicant Signature:		Date:	

Verifying State Board: Complete Part 2 and mail the completed form directly to Colorado Division of Professions and Occupations, Office of Licensing—Barber/Cosmetology, 1560 Broadway, Suite 1350, Denver, CO 80202.

PART 2—To be completed by the VERIFYING STATE BOARD or FOREIGN COUNTRY

From (Verifying State Board Name):	Date:		
State Board Address:	PO Box, Street:		
	City, State, Zip:		
This individual was licensed as:			
License Type	License Number	Date of Licensure	Expiration Date
Basis of Licensure:			
<input type="checkbox"/> Examination	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Foreign Trained	
Number of training hours required/verified:			
Practical exam taken and passed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Written exam taken and passed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Disciplinary Action:			
Has there been any discipline taken or pending against this licensee?			<input type="checkbox"/> YES <input type="checkbox"/> NO
(If YES, please include a copy of information available regarding the action/s)			
Verified by:		<i>STATE BOARD SEAL</i>	
Title:	Date:		