

Vermont Secretary of State, Office of Professional Regulation

## Board of Barbers & Cosmetologists

National Life Bldg., North Fl 2

Montpelier, Vermont 05620-3402

Phone: (802) 828-1134 \*\* Fax: (802) 828-2465

Attn: Kara Shangraw, Administrative Assistant

E-Mail address: "[kshangraw@sec.state.vt.us](mailto:kshangraw@sec.state.vt.us)"

Web site: [www.vtprofessionals.org](http://www.vtprofessionals.org)

### Application For Licensure by ENDORSEMENT as a Barber; Cosmetologist; Manicurist (Nail Technician); or Esthetician

#### INSTRUCTIONS TO APPLICANTS

Applying on the basis of endorsement (26 V.S.A. § 285. Licenses From Other Jurisdictions).

Endorsement means without requiring an examination (national), the board shall issue an appropriate license to a person who is licensed or certified under the laws of another jurisdiction with requirements that the board considers to be substantially equal to those of this state.

**Note: Vermont current law requires: 1,000 hours of professional training, or 24 months apprenticeship for licensure as a Barber; 1,500 hours of professional training or 24 months apprenticeship for licensure as a Cosmetologist; 600 hours of professional training or 12 months apprenticeship for licensure as an Esthetician; and 400 hours of professional training or 8 months apprenticeship for licensure as a Manicurist (Nail Technician). If the state you are licensed in does not require these minimum standards, or you do not have three years of active practice immediately preceding application to Vermont (26 V.S.A. § 289), you DO NOT qualify for licensure in Vermont. See next page for more details regarding requirements.**

#### COMPLETED APPLICATION FOR LICENSURE MUST INCLUDE:

Your application must be complete before it will be sent to the Board for review. All required documents must be received by this Office within six months, or this application will be deemed invalid.

1. Completed information, pages one (1), two (2), and three (3) by the applicant, signed and dated at the bottom of pages two (2) and three (3).
2. \$70.00, payable to Vermont Secretary of State. (Application fee is \$50; examination fee is \$20). Application fees are non-refundable.
3. Applicant's Statement Regarding Child Support, Taxes, and Unemployment Compensation, Page three (3).  
*(Completion of this document is required whether or not you have children, and whether or not you pay taxes in Vermont. Failure to complete it will result in denial of application.)*
4. Completed Verification of Licensure Standing, page four (4). Applicant completes top portion of form and forwards it to every state in which he or she has been or is currently licensed.
5. Evidence of your professional training as a Barber, Cosmetologist, Manicurist (Nail Technician), or Esthetician directly from the institution in which you received your professional education. This verification must include the actual number of hours of training you completed. (Vermont requires: 1,000 hours for Barber; 1,500 hours for Cosmetologists; 600 hours for Esthetician; and 400 hours for Manicurist.) **If the state from which you are applying does not require these minimum standards, or you do not have three years of active practice immediately preceding application to Vermont (26 V.S.A. § 289), you DO NOT qualify for licensure in Vermont.**
6. Submit copy of high school diploma or general educational development (GED) diploma.
7. If your state's requirements are not substantially equivalent to Vermont's licensing laws but **you DO have three years of active practice immediately preceding licensure to Vermont**, you may apply under 26 V.S.A. § 289. You must Submit Affidavit of Employment, page five (5). Applicant completes top portion of form and sends it to his or her employer where he or she received work experience as a barber, cosmetologist, manicurist, or esthetician.

**VERMONT LICENSING OF OUT-OF-STATE LICENSEES  
ADDITIONAL INFORMATION**

1. To be eligible for a barber license, the applicant must:
  - a. be at least 18 years of age; and
  - b. have a high school diploma or general educational development diploma (GED); and
  - c. hold a current license in good standing in another jurisdiction having requirements substantially equivalent to those in this state; and
  - d. complete a 12 month apprenticeship; and
  - e. take and pass a written test on Vermont Barber and Cosmetology Laws and Rules.
  - f. The Board may issue a license to an individual who is currently licensed or certified in another jurisdiction in good standing, provided the individual has been in active practice for at least three years immediately preceding application.
  
2. To be eligible for a cosmetologist license, the applicant must:
  - a. be at least 18 years of age; and
  - b. have a high school diploma or general educational development diploma (GED); and
  - c. hold a current license in good standing in another jurisdiction having requirements substantially equivalent to those in this state; and
  - d. take and pass a written test on Vermont Barber and Cosmetology Laws and Rules.
  - e. The Board may issue a license to an individual who is currently licensed or certified in another jurisdiction in good standing, provided the individual has been in active practice for at least three years immediately preceding application.
  
3. To be eligible for a manicurist (Nail Technician) license, the applicant must:
  - a. be at least 18 years of age; and
  - b. have a high school diploma or general educational development diploma (GED); and
  - c. hold a current manicurist license in good standing in another jurisdiction having requirements substantially equivalent to those in this state; and
  - d. take and pass a written test on Vermont Barber and Cosmetology Laws and Rules.
  - e. The Board may issue a license to an individual who is currently licensed or certified in another jurisdiction in good standing, provided the individual has been in active practice for at least three years immediately preceding application.
  
4. To be eligible for an esthetician license, the applicant must:
  - a. be at least 18 years of age; and
  - b. have a high school diploma or general educational development diploma (GED); and
  - c. hold a current esthetician license in good standing in another jurisdiction having requirements substantially equivalent to those in this state; and
  - d. take and pass a written test on Vermont Barber and Cosmetology Laws and Rules.
  - e. The Board may issue a license to an individual who is currently licensed or certified in another jurisdiction in good standing, provided the individual has been in active practice for at least three years immediately preceding application.

Secretary of State, Office of Professional Regulation  
**Board of Barbers & Cosmetologists**  
National Life Bldg., North Fl 2  
Montpelier, VT 05620-3402

**Application For Licensure as a:**

**Barber** \_\_\_\_ **Cosmetologist** \_\_\_\_ **Manicurist** \_\_\_\_ **Esthetician** \_\_\_\_

Type or print. Attach additional sheets if needed.

<b>Indicate Last Name below:</b>	<b>Indicate First Name below:</b>	<b>Middle:</b>	<b>Former if applicable:</b>
<b>Address:</b>		<b>City:</b>	
<b>State:</b>		<b>Zip:</b>	
<b>Phone:</b>		<b>Fax:</b>	
<b>E-Mail Address:</b>			

**EMPLOYMENT:**

<b>Shop Name:</b>		
<b>Address:</b>		
<b>City; State; Zip:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>

<b>Professional Education: Name &amp; Location of School where you received your Barber, Cosmetologist, Manicurist (Nail Technician), or Esthetician training.</b>	<b>Degree Earned</b>	<b>Date</b>
<b>Indicate below name, location and amount of time spent in an apprenticeship program, if applicable, in lieu of formal education.</b>	<b>State No. of Months in an apprenticeship program</b>	

<b>List below every state in which you now hold or have ever held a license to practice as a barber, cosmetologists, manicurist or esthetician.</b>			
<b>State/Territory/Country</b>	<b>Date Issued</b>	<b>Expiration Date</b>	<b>Lic/Reg #</b>

**Have you ever held a license in Vermont?** Yes or No. If "Yes," you must reinstate that license. Please contact the Office for more information.

**Answer the following questions by circling Yes or No.** If the answer to any of these questions is "Yes," you must follow the instructions indicated.

1)	Have you been convicted of a crime other than a minor traffic violation? <i>If the answer is "Yes," attach the court documents.</i>	Yes No
2)	Has any state, territory, or other jurisdiction denied your application for a license, certificate, or registration in any profession or occupation? <i>Specify state and circumstances for denial.</i>	Yes No
3)	Has any state or federal licensing authority restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If the answer to #2 or #3 is "Yes," provide a copy of the Order or official notification of the Board action.</i>	Yes No
<b>ANSWERS TO THE FOLLOWING QUESTIONS ARE NOT SUBJECT TO PUBLIC DISCLOSURE.</b>		
4)	Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice as a barber, cosmetologist, manicurist or esthetician with reasonable skill and safety? <i>If the answer to #4 is "Yes," provide a physician's statement or medical confirmation of the disability.</i>	Yes No
5)	Are you currently addicted to, or in any way dependent on, the use of alcohol or habit forming drugs? <i>If "Yes," explain in detail.</i>	Yes No

**STATEMENT OF APPLICANT**

I certify that I have read and understand the laws and rules pertaining to the profession in Vermont.

I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. Should I furnish any false information on this application, I understand that such an act may constitute cause for denial of my application for licensure/certification/registration.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Secretary of State**  
**Office of Professional Regulation**  
**Board of Barbers & Cosmetologists**  
**National Life Bldg., North Fl 2**  
**Montpelier, VT 05620-3402**  
**Phone: (802) 828-1134**  
**Fax: (802) 828-2465**  
**Web Site: [www.vtprofessionals.org](http://www.vtprofessionals.org)**

Revised: 03/04

**Applicant's Statement  
Regarding Child Support, Taxes, Unemployment Compensation Contributions**

**PRINT YOUR NAME:** \_\_\_\_\_ You must answer questions 1, 2 and 3.

**Regarding Child Support**

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "**Good standing**" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

**1. You must check one of the two statements below regarding child support regardless whether or not you have children:**

\_\_\_\_\_ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

**or**

\_\_\_\_\_ I hereby certify that I am **NOT** in good standing with respect to child support due as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship."

**Regarding Taxes**

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "**Good standing**" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

**2. You must check one of the two statements below:**

\_\_\_\_\_ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

**or**

\_\_\_\_\_ I hereby certify that I am **NOT** in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship."

**Regarding Unemployment Compensation Contributions**

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renewal any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in **good standing** with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

**3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:**

\_\_\_\_\_ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both).

**or**

\_\_\_\_\_ I hereby certify that I am **NOT** in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

\_\_\_\_\_ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \* Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training, in the administration of tax laws, to identify individuals affected by such laws, and by the Office of Child Support. **Your Social Security Number is not subject to disclosure as part of a public records request.**

**STATEMENT OF APPLICANT**

I certify that the information stated by me in this application is true and accurate to the best of my knowledge. Should I furnish any false information on this application, I understand that such an act may constitute cause for denial of my application for licensure in Vermont.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Vermont Secretary of State  
Office of Professional Regulation  
Board of Barbers & Cosmetologists  
National Life Bldg., North Fl2 - Montpelier, VT 05620-3402  
Phone: (802) 828-1134 \*\* Fax: (802) 828-2465  
[www.vtprofessionals.org](http://www.vtprofessionals.org)

**VERIFICATION OF LICENSURE**

**APPLICANT:** Complete the applicant section of this form and forward to every state in which you now hold or have ever held a license to practice. Please print.

Name \_\_\_\_\_

Address \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_ Date of Birth \_\_\_\_\_

License# \_\_\_\_\_ Date Issued \_\_\_\_\_

I hereby authorize the Barber-Cosmetology-Manicurist-Esthetician Licensing Authority in the State of \_\_\_\_\_ to furnish to the Vermont State Board of Barbers & Cosmetologists the information requested below.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE LICENSING AUTHORITY:** Please complete this section and return to the address above:

This is to certify that the above-named individual was issued License Number \_\_\_\_\_ to practice as a Barber, Cosmetology, Manicurist, or Esthetician (Please specify) \_\_\_\_\_ on: (date issued) \_\_\_\_\_.

**Basis of Licensure:**

( ) Examination: Indicate the year examination taken.

( ) National Board Examination ( ) Other (specify) \_\_\_\_\_

( ) Endorsement/Reciprocity from \_\_\_\_\_ (Indicate state)

( ) Waiver - Indicate on what basis: \_\_\_\_\_

( ) School Training: Yes or No. If Yes, indicate number of hours completed. \_\_\_\_\_

( ) Apprenticeship: Yes or No If Yes, indicate number of months completed. \_\_\_\_\_

**Status of License:**

( ) Active ( ) Inactive ( ) Lapsed Date license expires/d: \_\_\_\_\_

**Disciplinary Action:** Has this license ever been revoked, suspended, limited, surrendered, restricted, placed on probation, encumbered in any way or is it currently under investigation? ( ) Yes ( ) No If Yes, please attach a copy of the decision.

Please attach a copy of your current statutes and rules governing cosmetology with this form OR provide a direct link to your Web site where this information may be located.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ State: \_\_\_\_\_

SEAL

**Vermont Secretary of State**  
**Office of Professional Regulation**  
**Board of Barbers & Cosmetologists**  
**National Life Bldg., North Fl 2 - Montpelier, VT 05620-3402**  
**Attn: Kara Shangraw, Administrative Assistant**  
**Phone: (802) 828-1134 \*\* Fax: (802) 828-2465**

**AFFIDAVIT OF EXPERIENCE**

**(26 V.S.A. § 289 - APPLICABLE ONLY TO APPLICANTS WITH THREE OR MORE YEARS OF ACTIVE PRACTICE IMMEDIATELY PRECEDING APPLICATION TO VERMONT.)**

**TO BE COMPLETED BY APPLICANT:**

Applicant's Name: _____			
Specialty (circle one):	Barber	Cosmetologist	Manicurist (Nail Technician)      Esthetician
Name of Establishment :	_____		Ph. # _____
Address of Establishment: _____			
_____			_____
Applicant's Signature			Date

**TO BE COMPLETED BY THE BARBER, COSMETOLOGIST, MANICURIST, OR ESTHETICIAN EMPLOYER VERIFYING THE ABOVE INFORMATION.**

Name of Establishment: _____	
Based on your personal knowledge of the above named applicant:	
1. How long (months/years) have you known the applicant? _____	Dates: From/to _____
2. When did he or she begin practicing in the above mentioned specialty (month/year)? _____	
3. Indicate number of hours worked per year. _____	
4. Indicate your position and title: _____	
Indicate State(s) in which you are licensed: _____	License number(s): _____

**I hereby certify that the above statements are true and accurate to the best of my knowledge.**

Signature	Title	Date
-----------	-------	------

**Statement of Notary:**

County of \_\_\_\_\_ State or Country of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, \_\_\_\_\_,

personally appeared before me and made oath that the foregoing answers subscribe to contain the whole truth and nothing but the truth.

SEAL

\_\_\_\_\_  
 Signature of Notary Public  
 Commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_