

**Vermont Board of Barbers & Cosmetologists
Cosmetologist, (009-010); Esthetician, (087); Nail Technician (086) Renewal Application**

Current Expiration 11/30/2009	Renewal Period Covering 12/01/2009 through 11/30/2011	Renewal Fee \$120.00
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<p style="color: red; font-weight: bold; margin: 0;">You Must Complete The Information Below:</p> <p style="margin: 5px 0;">License Number: _____</p> <p style="margin: 5px 0;">Name: _____</p> <p style="margin: 5px 0;">Address: _____</p> <p style="margin: 5px 0;">City/State/Zip: _____</p>	<p style="margin: 0;">For Office Use Only Renewal received</p>
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Directions: To renew you must enclose a check in the amount indicated, payable to Office of the Secretary of State. The renewal fee is non-refundable. To avoid late or penalty fees your completed renewal application must be **received** by this Office not later than the expiration date noted above. If your renewal application is received after the current expiration date you will be required to pay a late renewal penalty. **Note: Late penalty fees are applicable if your renewal is not received in this Office by the expiration date regardless of when it was postmarked and mailed.** The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty will increase by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00. If you have had a name change please attach a copy of the marriage license, civil union license, divorce decree, driver's license or other court document changing your name.

Note: It is unprofessional conduct to practice in the State of Vermont without a valid, current license. It is also unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14)).

Section A:

If mailing address has changed, indicate new address below:	
If your 911 address is different from your mailing address, please indicate the 911 address here:	
Gender: ___ Male ___ Female Social Security #* _____ - _____ - _____	Date of Birth (mm/dd/yyyy): _____ / _____ / _____
<i>*Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support and Labor, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request.</i>	
Home Telephone: # _____ - _____ - _____ Work Phone: # _____ - _____ - _____ Place of Employment _____	Cell Phone: # _____ - _____ - _____ E-Mail: _____

Section B: Vermont Mandatory “Good Standing” Declarations

CHILD SUPPORT:

Child Support Orders (15 V.S.A. § 795): As of the date of this application: (you must check one)

- I am not subject to a child support order; OR
- I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
- I am not in good standing* or in full compliance with a plan to pay.*

TAXES:

Tax Compliance (32 V.S.A. § 3113(b)): As of the date of this application: (you must check one)

- I have never lived or worked in Vermont and do not owe Vermont taxes; OR
- No taxes are due and payable and all required returns have been filed; OR
- The liability for any taxes due and payable is on appeal; OR
- I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
- I am not in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

UNEMPLOYMENT COMPENSATION:

Unemployment Compensation (21 V.S.A. §1378(b)): As of the date of this application: (you must check one)

- This does not apply to me because I have never been an employer in Vermont; OR
- No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
- I am not in good standing* or in full compliance with a plan to pay.

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid Judgments (4 V.S.A. § 1110(c)): As of the date of this application: (you must check one)

- I am in good standing* with respect to any unpaid judgment issued* by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR”
- I am not in good standing.*

* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question or consult the “Information for Applicants” on the OPR web page. (www.vtprofessionals.org)

Section C: Instructors only must complete these questions.

Each instructor shall: “take a minimum of 24 hours of professional education hours approved by the Board per licensing period beginning the first full period after an instructor’s endorsement is issued of which no fewer than 6 hours are dedicated to teaching, the rest being in their licensed profession(s). Any courses in business management and financial management will not be approved.” You may view Rule 10.2 at our website www.vtprofessionals.org.

Yes	No	Do you have an instructor’s endorsement?
Yes	No	If yes, I have completed the required 24 hours of continuing professional education required to maintain my instructor’s endorsement.

Section D: Vermont Mandatory Credential and Fitness Questions

Please circle Yes or No for each of these questions. If the answer is Yes follow the provided instructions.

Since you were originally licensed or since you completed your last renewal application:

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) 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 "Yes," provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," provide a detailed written explanation.</i>	Yes	No
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Are you currently under investigation by a licensing authority? <i>If "Yes," provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "yes," provide a detailed written explanation and attach the official court documents.</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "yes," provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession, within 30 days. 3 V.S.A. § 129a (a)(11).

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," please have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on, the use of alcohol or habit forming drugs? <i>If "Yes," provide a detailed written explanation.</i>	Yes	No
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Requirements for supervisors of an apprentice:

3.4 General Requirements for Apprenticeships:

“Each apprentice shall receive his/her instruction from a supervising licensee in good standing who has been licensed and in active practice for a minimum of five (5) consecutive full-time years immediately prior to the time of the apprenticeship. The supervising licensee is permitted to supervise only an apprentice seeking the same license which the supervisor possess. (For example, a barber may only supervise an apprentice training to obtain a barber license, a cosmetologist may only supervise an apprentice training to obtain a cosmetologist license, etc.)”. You may view the full rule by visiting our website www.vtprofessionals.org.

Indicate where you are currently working:

Shop Name	Shop License #	Location

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration. (The maximum penalty for perjury is Fifteen years in prison and/or a \$10,000 fine.) (3 V.S.A. §2901)	
Signature of Applicant	Date

Send completed application and fee to:
Attn: Renewal Clerk
Office of Professional Regulation
National Life Building, North, Floor 2,
Montpelier, VT 05620-3402
Phone: **802-828-1505**, www.vtprofessionals.org