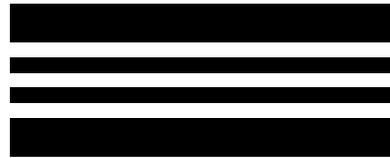




Cosmetology, Hair Design, Barber, Manicurist, Esthetician, and Master Esthetician Advisory Board Application



You can use this form to apply for appointment to the Cosmetology, Hair Design, Barber, Manicurist, Esthetician, and Master Esthetician Advisory Board. Send this completed form, a resume, and a letter of interest detailing why you are interested in a Board position and what makes you an ideal candidate to:



Cosmetology
Department of Licensing
PO Box 9026
Olympia, WA 98507-9026
email: plssunit@dol.wa.gov

Applicant

Board position you are applying for		
<input type="checkbox"/> Active licensed professional who has held their license for at least 3 years as a: <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Hair designer <input type="checkbox"/> Barber <input type="checkbox"/> Esthetician <input type="checkbox"/> Master Esthetician <input type="checkbox"/> Manicurist		
<input type="checkbox"/> Representative from _____, an approved apprenticeship salon/shop		
<input type="checkbox"/> Representative from _____, a licensed private school		
<input type="checkbox"/> Representative of _____, a public vocational technical school		
<input type="checkbox"/> Member of the general public		
PRINT or TYPE Name		
Address		
City	State	ZIP code
Email	(Area code) Home phone number	
Business name	(Area code) Work phone number	
Business street address		
City	State	ZIP code
Recommended by (if applicable)		

Education Attach additional sheets if needed

School name	Location	Year graduated	Degree

Licenses held If applicable to the Board

License type	License number	Acquired date	Expiration date

Employment From present to past. Attach additional sheets if needed.

1 Name of company	Your title/position	(Area code) phone number	Employer/Supervisor name
Company address		Date from	Date to
Duties			
2 Name of company	Your title/position	(Area code) phone number	Employer/Supervisor name
Company address		Date from	Date to
Duties			
3 Name of company	Your title/position	(Area code) phone number	Employer/Supervisor name
Company address		Date from	Date to
Duties			

Memberships Attach additional sheets if needed

Professional/Community organization	Office held	Date of term (From-To)

References

1 Name	(Area code) phone number
Address	
Describe how they know you	
2 Name	(Area code) phone number
Address	
Describe how they know you	
3 Name	(Area code) phone number
Address	
Describe how they know you	

I declare under penalty of perjury under the law of Washington that the foregoing and all attachments are true and correct.

Date and place

TYPE or PRINT Name
X
Applicant signature