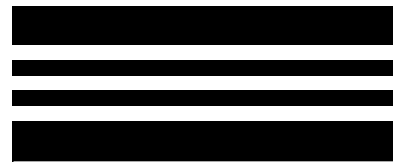**WASHINGTON STATE DEPARTMENT OF LICENSING**

Cosmetology, Hair Design, Barber, Manicurist, Esthetician, or Master Esthetician
School Renewal Application

20903-RENEWALS

Renew your school license.

Apply online: **https://professions.dol.wa.gov**

Or mail this completed form, required documents, and a check or money order (payable to Department of Licensing) to:

Cosmetology
Department of Licensing
PO Box 3856
Seattle, WA 98124-3856

For questions or language help call: (360) 664-6651

Fees
☐ School license renewal - **$330** ($523 if received after expiration date)
☐ Tuition Recovery Trust Fund renewal deposit
   (use the table on the next page to calculate amount to include with renewal)

Licenses are available for self-printing with an online account.
If you want us to print and mail your license add a $5 print fee for each copy to your payment.
☐ $0 self-print license online.
☐ $5 each. DOL print and mail license. Quantity_____ Total $_____

Attach documentation of any changes to the school's catalog, enrollment agreement/contract, curriculums, student monthly report templates, and floor plans since last submission.

School information

School name		License number
UBI/UBI Business ID/UBI Location ID (16digits)		
Business mailing address		

City	State	ZIP code	Days and hours of operation
(Area code) Business phone number	Email		

Physical address		

City	State	ZIP code

Name of point of contact	(Area code) Phone number	Email for point of contact

Total number of hours required for course completion

Cosmetology	Hair Design	Barber	Manicurist	Esthetician	Master Esthetician	Combined Master Esthetician	Instructor

Enrollment information

Course	Current student enrollment	Deparment use only	
		Number of instructors	Ratio of students to instructors (20 or less)
Cosmetology			
Hair Design			
Barber			
Manicurist			
Esthetician			
Master Esthetician			
Combined Master Esthetician			
Instructor			

List of instructors *(attach additional sheets if needed)*

Name *(Last, First, Middle)*	License number	Authorized to sign? (Y/N)	Deparment use only	
			Expiration date	Endorsement

Surety bond for renewal

Total gross tuition received previous year	Amount required surety bond*
$	$

*10% of gross tuition for previous year or $10,000, whichever is greater, but not more than $50,000.

☐ My current filed surety bond meets this requirement.
☐ I am attaching a new Cosmetology Surety Bond (available at dol.wa.gov/business/cosmetology).

Tuition recovery trust fund

A renewal deposit of .16% of previous calendar year gross annual tuition is required to complete the school license renewal. Use the space below to calculate the amount required to submit with this application. If the school's gross annual tuition is zero, a $25 deposit is required.

Total previous calendar year gross annual tuition		Amount to submit with this application
$	X .16%	= $
Example		
Total previous calendar year gross annual tuition		Amount to submit with this application
$250,000	X .16%	= $400

List of owners, partners, and corporate officers *(attach additional sheets if needed)*

1 Name *(Last, First, Middle)*	
Mailing address	
Email	(Area code) Phone number

2 Name *(Last, First, Middle)*	
Mailing address	
Email	(Area code) Phone number

3 Name *(Last, First, Middle)*	
Mailing address	
Email	(Area code) Phone number

Applicant information

Name of person completing this application

Military? *(check if applicable)* Current or former: ☐ Military member   ☐ Military spouse or domestic partner

Legal background
Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? . . . . ☐ Yes   ☐ No

2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.). . . . . ☐ Yes   ☐ No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____

Date and place

TYPE or PRINT Name
X _____
Applicant signature

Providing false information in this application, may be cause for denial, suspension, or revocation your professional license in the state of Washington.