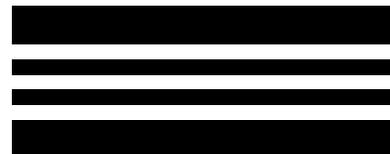




WASHINGTON STATE DEPARTMENT OF
LICENSING

**Cosmetology, Hair Design, Barber,
Manicurist, Esthetician,
Master Esthetician, or Instructor
School License Application**



Apply for a school license.

Online: <https://professions.dol.wa.gov>

Or mail this completed application, required attachments, and fees in 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 application—**\$330**
- Tuition Recovery Trust Fund initial application deposit—**\$300**

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 \$ _____

Required attachments *(You can check them off when completed.)*

- Completed Surety Bond form—available at dol.wa.gov
- Lease agreement
- Copy of school's enrollment agreement/contract
- Copy of school's catalog and curriculums
- Copy of school's student monthly activity reports for each course
- Student financial aid notification certification form—download at www.dol.wa.gov
- Liability insurance
- Current floor plan of school
- Documentation of director's/administrator's business administration experience

School information

TYPE or PRINT School name		Days and hours of operation	
Business mailing address			
City		State	ZIP code
(Area code) Business phone	Email		
Name of point of contact	(Area code) Phone number for contact	Email for point of contact	
Business physical address			
City		State	ZIP code
Type of business <i>(check one)</i> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation			
WA corporation number <i>(if applicable)</i>		UBI/UBI Business ID/UBI Location ID (16 digits)	

Total number of hours required for course completion

Cosmetology	Hair Design	Barber	Manicurist	Esthetician	Master Esthetician	Combined Master Esthetician	Instructor
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List of instructors (attach additional sheets if needed)

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

Publicly funded

Answer the following
 Is your school 100% publicly funded? Yes No
 If "Yes," you do not need a surety bond.

Surety bond

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.	

List of all owners, partners, and corporate officers (Attach additional sheets if needed)

1 Legal name (Last, First, Middle)	Title
Mailing address	
Email	(Area code) Phone number
2 Legal name (Last, First, Middle)	Title
Mailing address	
Email	(Area code) Phone number
3 Legal name (Last, First, Middle)	Title
Mailing address	
Email	(Area code) Phone number
4 Legal name (Last, First, Middle)	Title
Mailing address	
Email	(Area code) Phone number
5 Legal name (Last, First, Middle)	Title
Mailing address	
Email	(Area code) Phone number

Applicant information

Name of person completing this application
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No

Certification

Answer the following 1. Are you authorized to sign on behalf of the business applying for this license? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Have you read and do you agree to follow all the applicable laws and rules of this profession and do you understand the penalties for misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you certify the insurance information provided and is accurate and will you provide it upon request? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

_____	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.

RCW 18.16.110; 18.16.175(1)(g); 18.235.130