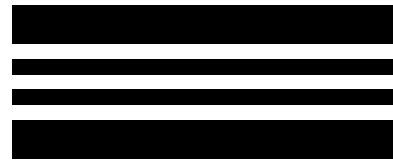




WASHINGTON STATE DEPARTMENT OF
LICENSING

**Cosmetology, Hair Design, Barber,
Manicurist, Esthetician,
Master Esthetician, or Instructor
School Data Sheet**



Submit information about your school, its curriculum, and any signees.

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

Or mail this completed form to:

**Cosmetology Program
Department of Licensing
PO Box 9026
Olympia, WA 98507-9026**



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

School information

PRINT or TYPE School name		Email	
Business mailing address			
City		State	ZIP code
Business street address			
City		State	ZIP code
UBI/UBI Business ID/UBI Location ID (16 digits)		(Area code) Business phone number	
Business owner name (Last, First, Middle)		Manager name (Last, First, Middle)	

Total number of hours required for course completion

Curriculum 1	Cosmetology	Hair Design	Barber	Manicurist	Esthetician	Master Esthetician	Combined Master Esthetician	Instructor
Curriculum 2	Cosmetology	Hair Design	Barber	Manicurist	Esthetician	Master Esthetician	Combined Master Esthetician	Instructor

Instructors authorized to sign—An instructor who is licensed in the curriculum and employed by the school

Last name	First name	Middle name	License number (if applicable)	Expiration date	Endorsement

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

TYPE or PRINT Name
X

Business owner signature

Date and place

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

RCW 9A.72.085; 18.16; 18.235; 42.56