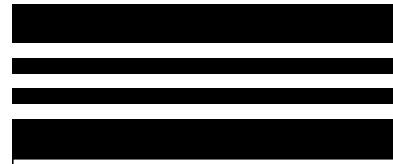




**Cosmetology, Hair Design,  
Barber, Manicurist, Esthetician,  
Master Esthetician, or Instructor  
Inactive License Request**



Use this form to request that your current license be placed in inactive status or request an extension of the inactive license status. This is not the same as being placed on military inactive status.

For more information about inactivating a license for military reasons, go to [dol.wa.gov/military-personnel-and-veterans](http://dol.wa.gov/military-personnel-and-veterans).



Online: [professions.dol.wa.gov](http://professions.dol.wa.gov)

Or mail your completed request to:

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

For questions, call, 360-664-6626

For ADA assistance, visit [dol.wa.gov/accessibility](http://dol.wa.gov/accessibility), or call 360-902-3900 or 711 for relay service.

RCW 18.16.290 allows licensees to place their active cosmetology, hair design, barber, manicurist, esthetician, master esthetician, or instructor licenses in an inactive status. If the expiration date of the license is no more than six months from the date of the inactive status request, the licensee may request a two-year extension. Additional extensions of the inactive status may be requested no more than once in a 24-month period and cannot exceed more than six consecutive years. A new request must be completed for each extension.

If during the time the license was placed on an inactive status, the health or other requirements applicable to the license have changed, the Department may require that the licensee successfully complete a minimum number of curriculum hours deemed necessary to bring the licensee current with these changes. Those curriculum hours must be earned in a licensed school in Washington State and cannot exceed four hours per year that the license was inactive.

In the event a licensee fails to request an extension or pay the license renewal fee by the expiration date of the inactive license, the license will become cancelled. In order to reinstate a cancelled license, the licensee will be required to submit an application, pay the license fee, meet current licensing requirements, and pass any applicable examinations.

**License information**

Request type

Inactive request      Two-year extension

License types *(check all that apply)*

Cosmetology      Hair design      Barber      Manicurist  
Esthetician      Master esthetician      Instructor

**Contact information**

TYPE or PRINT Name		License number	
Address			
City	State	ZIP code	

**Contact information** (continued)

Email _____
Answer the following Do you understand that once we have inactivated your license that you cannot practice until your license has been reinstated to active status? ..... Yes      No

**Certification**

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

**X**

\_\_\_\_\_  
TYPE or PRINT name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm / dd / yyyy) signed

\_\_\_\_\_  
Place (city or county) signed

**Notarization**

State of _____, County of _____	
I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.	
(Seal or stamp)	Dated _____ by _____ <small>Signature</small>
	_____ <small>Printed or stamped name</small>
	Title _____ My appointment expires _____