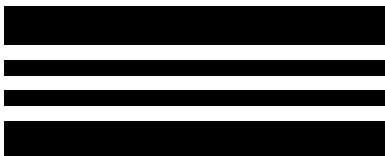




WASHINGTON STATE DEPARTMENT OF  
**LICENSING**

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



You can request that a 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.

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

Or mail your completed request to:

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

For questions or language help call: (360) 664-6626



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.

TYPE or PRINT Name		License number	
Address			
City		State	ZIP code
Email			
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			
Request type <input type="checkbox"/> Inactive request <input type="checkbox"/> Two-year extension			
License types (check all that apply) <input type="checkbox"/> Cosmetology <input type="checkbox"/> Hair design <input type="checkbox"/> Barber <input type="checkbox"/> Manicurist <input type="checkbox"/> Estetician <input type="checkbox"/> Master estetician <input type="checkbox"/> Instructor			

TYPE or PRINT Name

**X**

Signature

Date

**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.

Dated \_\_\_\_\_ by \_\_\_\_\_  
Signature

(Seal or stamp)

Printed or stamped name

Title \_\_\_\_\_ My appointment expires \_\_\_\_\_