



**APPLICATION FOR INITIAL LICENSURE
GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS**

237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966

<https://sos.ga.gov/georgia-state-board-cosmetology-and-barbers>

If you are applying by Endorsement (reciprocity or transfer), DO NOT submit this application. Please submit the paper Endorsement Application (online application is not available at this time)

Did you know that you can apply for your license online? <https://secure.sos.state.ga.us/mylicense/Login.aspx?process=app>

Please read instructions carefully and be familiar with the laws and rules governing the practice of Cosmetology/Barbers/Hair Designer/Nail Technology/Esthetics in the State of Georgia. Click here for a tutorial video:

<https://sos.ga.gov/search?type=video&board=Cosmetology%20and%20Barbers>

***** IMPORTANT *****

The Board cannot process incomplete applications. Any item that is missing, incomplete or incorrect, will delay processing of your application and cannot be reviewed by the Board. Please review your application before submitting to ensure all information and documentation is complete and correct. Incomplete applications are withdrawn after sixty (60) days. Once an application is withdrawn, you will need to submit a new application with all appropriate fees and documents.

APPLICATION CHECKLIST

Please read and use this checklist to ensure that you submit a COMPLETE application. We recommend you keep a copy of your application for your records. Do not submit this checklist with your application. It is for your reference only. The following items are necessary for your application:

- NON-REFUNDABLE APPLICATION FEE: \$30.00 (INSTRUCTOR FEE: \$75).** Processing fee of \$10 shall be included in addition to the application fee. The payment must be made by check or money order payable to the Georgia State Board of Cosmetology and Barbers. **DO NOT SEND CASH OR COUNTER CHECKS.** Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C.G.A. § 16-9-20.
- APPRENTICES: DO NOT** submit this application until you have passed your state board examinations.
NOTARIZED APPLICATION: The complete application must be mailed to the Board's office at the address listed above, along with your **FEE**. You must sign the application in the presence of a Notary Public.
- VETERANS PREFERENCE POINTS:** If you are claiming veteran's preference points, you must enclose a copy of your DD-214 showing that you served during a period of conflict or war for a minimum of ninety (90) days.
- CITIZENSHIP/QUALIFIED ALIEN STATUS:** Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 2 and 3 of this application.
- OUT OF COUNTRY APPLICANTS:** If applicable, please submit a credentials evaluation from a board approved credentials evaluation provider.
- PROCESSING TIME:** Please allow at least 15 business days (does not include weekends or holidays) for processing of applications. If a deficiency letter is received, please allow 15 business days for processing after submission of your deficiency items.
- MAIL APPLICATION WITH PAYMENT IN A 9x12 or LARGER ENVELOPE:** DO NOT STAPLE pages or check/money order. Do not fold pages of the application. Make check/money order payable to Georgia Secretary of State and submit to Georgia State Board of Cosmetology and Barbers, 237 Coliseum Drive, Macon, GA 31217.
- INSTRUCTOR APPLICANTS ONLY: EMPLOYMENT AFFIDAVIT.** Submit Page 5 with the application signed and notarized proving at least one year of licensed work experience in your profession inside a licensed salon or shop. (Master Cosmetologist, Hair Designer, Esthetician, Nail Technician, Master Barber, Barber II) Instructors ONLY.



GEORGIA STATE BOARD of COSMETOLOGY AND BARBERS

237 Coliseum Drive • Macon, GA 31217

Phone (404) 424-9966

https://sos.ga.gov/georgia-state-board-cosmetology-and-barbers

Date Entered
Receipt #
Submitted \$

APPLICATION FOR INITIAL LICENSURE

If you are applying by Endorsement (reciprocity or transfer), DO NOT submit this application. Please submit the paper Endorsement Application (online application is not available at this time)

Application Fee \$30 + \$10 Processing Fee – INSTRUCTOR Fee \$75 + \$10 Processing Fee

(Fees are Non-refundable)

Please review your application before submitting to ensure all information and documentation is complete and correct. Incomplete applications are withdrawn after sixty (60) days.

License Type (check only ONE license type per application): Apprentices – DO NOT submit this application until you have passed your state board exams.

MASTER BARBER

BARBER II

BARBER INSTRUCTOR

HAIR DESIGNER

HAIR DESIGN INSTRUCTOR

MASTER COSMETOLOGIST

COSMETOLOGY INSTRUCTOR

ESTHETICIAN

ESTHETICS INSTRUCTOR

NAIL TECHNICIAN

NAIL TECH INSTRUCTOR

List any licenses currently or previously issued to you by the Georgia Professional Licensing Boards:

LICENSE TYPE

LICENSE NUMBER

1. Legal Name to appear on License:

LAST

FIRST

MIDDLE

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

LAST

FIRST

MIDDLE

MAIDEN

3. Social Security # 1:

SSN input boxes

Date of Birth:

Date of Birth input boxes

1 This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

4. Residential Address:

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

5. Mailing 2 Address:

(P.O. BOX ACCEPTABLE)

2 O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

CITY

STATE

ZIP

6. Daytime Phone #

Daytime Phone input boxes

Evening Phone #

Evening Phone input boxes

7. E-mail Address 3: (Please print clearly)

3 Acknowledgement of your application will be sent to your email. If further information is needed, Board staff will contact you so that your application can be processed in the most efficient manner. Your email will not be shared with third parties.

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

PREVIOUS DISCIPLINARY AND CRIMINAL ARREST INFORMATION

Applicants Must Answer ALL 5 Questions Below:

Print Name of Applicant: _____

This application will be returned if you do not answer the questions on this page.

8. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DUI and DWI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). **NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.**

No Yes



If you answered "Yes" to the question regarding arrest/court convictions, you must submit the following to the Board:

- (a) Submit a letter of explanation and certified copy of final court disposition from the county(s) in which you were arrested/convicted. The court document should include the charges and sentencing information.
- (b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed, submit certified documents from the courts verifying case closed and completion of probation / parole.

9. Has any other licensing board or agency in Georgia or any other state ever:

- (a) Denied your application for licensure, renewal, or reinstatement?
- (b) Revoked, suspended, restricted, sanctioned, or probated your license?
- (c) Requested or accepted surrender of your license?
- (d) Reprimanded, fined, or disciplined you?

No Yes
 No Yes
 No Yes
 No Yes



If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board. Provide the name of the agency or board in the space provided:

Name of State Board or Agency

10. Submit a copy of your Secure and Verifiable Document (SVD) with this application such as your Driver's License, Passport, or other document OR a copy of your current immigration document(s) which includes either your Alien number or I-94 number and SEVIS number if needed.

**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia**

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address:

<https://sos.ga.gov/page/secure-and-verifiable-documents>

Your application will not be processed until this information is received and reviewed by the Board.

NOTARIZED SIGNATURE BY COSMETOLOGY OR BARBER APPLICANT

11. APPLICANT AFFIDAVIT



License Type (check only one license type per application):

MASTER BARBER

BARBER II

BARBER INSTRUCTOR

HAIR DESIGNER

HAIR DESIGN INSTRUCTOR

MASTER COSMETOLOGIST

COSMETOLOGY INSTRUCTOR

ESTHETICIAN

ESTHETICS INSTRUCTOR

NAIL TECHNICIAN

NAIL TECH INSTRUCTOR

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Cosmetology and Barbers and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1 (mark 1 or 2 below):

1) _____ I am a **United States citizen** 18 years of age or older. **You must submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document.**

2) _____ I am **not a United States citizen**, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number. When submitting a “green card,” please provide a copy of the front and back of the card.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached at least one Secure and Verifiable Document, as required by O.C.G.A. § 50-36-1(e)(1), with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Print Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:

Georgia requires a legible ink seal for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal legible when digitized.

NOTARY SEAL



GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS
 237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966
<https://sos.ga.gov/georgia-state-board-cosmetology-and-barbers>

EMPLOYMENT AFFIDAVIT FOR INSTRUCTOR APPLICANTS ONLY

I hereby certify that _____
Applicant's Name

was employed as a _____
Cosmetologist, Hair Designer, Esthetician, Nail Technician, Barber, Barber II

and worked _____ from _____ to _____ in a state licensed salon/shop
Full Time/Part Time month/day/year month/day/year

located at _____
Street Address City State Zip Code Telephone Number

ERASURES OR CHANGES IN DATES ARE NOT ACCEPTABLE

Printed Name: _____ **Signature:** _____
Salon/Shop Owner's Name Salon/Shop Owner's Signature

Salon/Shop License Number: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

SEAL

 NOTARY PUBLIC SIGNATURE - My Commission Expires:

THIS PORTION TO BE FILLED OUT ONLY IF YOU (THE APPLICANT) OWNED YOUR OWN SALON/SHOP.

AFFIDAVIT FROM SALON/SHOP OWNER

I hereby certify that I owned and operated a licensed salon/shop as a licensed _____ at this location:
Cosmetologist, Hair Designer, Esthetician, Nail Technician, Barber, Barber II

Street Address City State Zip Code Telephone Number

From _____ to _____ Salon/Shop License Number: _____
month/day/year month/day/year

Printed Name: _____
Salon/Shop Owner's Name

Signature: _____
Salon/Shop Owner's Signature

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

SEAL

 NOTARY PUBLIC My Commission Expires: