



THE STATE

of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfBarbersHairdressers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Manicurist License Application Instructions

A person may not practice manicuring in the state without a license or temporary permit. — Sec. 08.13.070

Please read instructions before completing the application. Any section of the application that is not complete or not submitted will delay the issuance of your license. **Emailed applications will not be accepted.**

IN-STATE LICENSURE

For applicants not currently licensed in any other state.

The following must be received by the division before your application for In-State Manicurist License can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4728, pages 1-3).

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.140.

Nonrefundable Application Fee:	\$150.00
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Initial License Fee:	\$180.00
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Total Fees Due:	\$330.00
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3. VERIFICATION OF 12-HOUR MANICURING TRAINING

Verification of completion of a Board-approved 12-hour manicuring course in health, safety, and hygiene.

OUT-OF-STATE LICENSURE

If you are currently licensed in another state, you are not required to take the 12-hour manicurist course.

The following must be received by the division before your application for Out-of-State Manicurist License can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4728, pages 1-3).

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.140.

Nonrefundable Application Fee:	\$150.00
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Initial License Fee:	\$180.00
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Total Fees Due:	\$330.00
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3. VERIFICATION OF LICENSURE

A completed Verification of Licensure form (#08-4728a) sent directly from the state board where you are currently licensed. Please note that your out-of-state license must be current when your Alaska license is issued. A copy of your license is not acceptable.

Note: Manicurists licensed in another state who completed a minimum of 250 hours of training and passed a written exam may apply for a Manicurist with Advanced Endorsement license.

TEMPORARY PERMIT

An applicant holding a current valid license as a manicurist in another state may be granted a temporary permit while waiting for permanent licensure. The permit is valid for a maximum of six months or until the Board either issues a permanent license or rejects the application.

The following must be received by the division before your application for Temporary Permit can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4728, pages 1-3).

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.140.

Nonrefundable Application Fee:	\$150.00
Temporary Permit Fee:	\$100.00
Permanent License Fee:	\$180.00
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Total Fees Due:	\$430.00

3. VERIFICATION OF LICENSURE

A notarized copy of a current manicurist license from another state. Your license from the other state must be current when Alaska issues your permanent license. If your out-of-state license lapses before Alaska issues your permanent license, you will be required to renew your out-of-state license.

Note: To obtain a notarized copy of your license, you must present the notary with the original license along with the copy. You must write, "I certify this is a true copy of the original document" on the copy and sign your name. The notary will notarize your signature.

BAH Information

If you wish to practice skin care and make-up in the State of Alaska, you must be licensed as an esthetician.

If you own a shop or are an independent contractor, you must apply for a shop owner license issued by the board. A state business license is also required. Please contact the Business License section at (907) 465-2550 or online at BusinessLicense.Alaska.Gov.

EXAMINATION INFORMATION:

The manicurist written exam is provided in English, Spanish, Vietnamese and Korean. Individuals wishing to take the written exam in either Spanish, Vietnamese, or Korean must submit their request in writing by the deadline date of the exam they wish to attend. Late requests will not be accommodated. Individuals who would like the written exam read to them in English must submit their request for a "verbal" exam in writing. The written request must be received by the deadline date for the exam they wish to attend. Interpreters are not allowed in either the practical or written exam sites.

Candidates taking the written or verbal exam will be allowed 90 minutes to complete the exam. Only individuals who meet the ADA (Americans with Disabilities Act) may be granted additional time, or other accommodations as determined appropriate. An applicant who fails the written examination or any subject of the practical examination three times or more will be required to complete additional hours of training. See 12 AAC 09.075(f).

SPECIAL ACCOMMODATIONS FOR EXAMINATION:

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a completed Application for Examination Accommodation for Candidates with Disabilities form. This form is available on the division's website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers or contact the division to request the form.

General Information

APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on August 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

PROFESSIONAL FITNESS QUESTIONS:

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division’s website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division’s website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*

Definitions: AS 08.13.220

- I. **"Barbering"** means shaving, trimming, or cutting, styling, curling, permanent waving, bleaching, coloring, cleansing, or chemically straightening the beard or hair of a living person for a fee and for cosmetic purposes;
- II. **"Non-chemical barbering"** means shaving, trimming, cutting, styling, or curling the beard or hair of a living person for a fee and for cosmetic purposes;
- III. **"Hairdressing"** means performing, for a fee, the following services for cosmetic purposes: (a) trimming or cutting the beard of a living person; and (b) arranging, styling, dressing, curling, temporary waving, permanent waving, cutting, singeing, bleaching, coloring, cleansing, conditioning, or similar work on the hair of a living person;
- IV. **"Hair braiding"** means braiding natural hair, natural fibers, synthetic fibers, and hair extensions, trimming hair extensions for braiding purposes, and attaching natural and synthetic hair by braiding for cosmetic purposes and for a fee; "hair braiding" does not include styling wigs or making wigs;
- V. **"Esthetics"** means the use of the hands, appliances, cosmetic preparations, antiseptics, or lotions in massaging, cleansing, stimulating, or similar work on the scalp, face or neck, including skin care, make-up, and temporary removal of superfluous hair, for cosmetic purposes for a fee;
- VI. **"Manicuring"** means, for a fee, to cut, trim, polish, color, tint, or cleanse a natural or artificial nail; affix material by artificial means to a natural nail for the addition to or extension of the natural nail; cleanse, treat, or beautify the hands or feet for cosmetic purposes; or otherwise treat the nails of the hand or foot;
- VII. **"Limited esthetics"** means to perform for a fee for cosmetic purposes; temporary removal of superfluous hair on the face or neck, including eyebrow arching by use of wax; or application of makeup or false eyelashes;*
- VIII. **"Tattooing"** means the process by which the skin is marked or colored to form indelible marks, figures, or decorative designs for nonmedical purposes by inserting or ingraining an indelible pigment into or onto the skin, microblading, or microneedling;
- IX. **"Permanent cosmetic coloring"** means tattooing for the purpose of simulating hair or makeup, such as permanent eyeliner, lip color, eyebrows, and eyeshadow;
- X. **"Body piercing"** means puncturing the body of a person by aid of needles or other instruments designed to be used to puncture the body for the purpose of inserting jewelry or other objects in or through the human body, except that, for purposes of this chapter, "body piercing" does not include puncturing the external part of the human ear.

**A person licensed as a hairdresser may practice manicuring and limited esthetics under the hairdresser license.*



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Manicurist License Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$150.00
	<input type="checkbox"/> Initial (Permanent) License Fee	\$180.00
Temporary Permit:	<input type="checkbox"/> In addition to the above, I would like to request a Temporary Permit.*	\$100.00

*Must hold a current valid license as a manicurist in another state.

PART II Personal Information

Full Legal Name:	Last	First	Middle
<p>Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:	Date of Birth:		
<p>EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>			
Email Address:	<p>Select One:</p> <p><input type="checkbox"/> Send my Correspondence Electronically</p> <p><input type="checkbox"/> Send my Correspondence by Mail</p>		
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</p>			
<p>SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>			

PART III Manicuring School(s)

Name of School	Address	Dates Attended	Total Hours

PART IV Apprenticeship(s)

Name of Instructor	Name of Shop	Dates Attended	Total Hours

PART V Professional License(s)

Please list all states in which you currently hold or have ever held a license.

State	License Number	License Category	Issue Date	Expiration Date



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Notary Signature Page

PART VI Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Verification of Training, Examination and Licensure

→ **Applicant:**

Please complete the identifying information below and forward a copy of this form to the state board in which you hold a current license. Some states require a fee for completion of license verification; you may wish to check with the state board prior to submitting this form for completion. If the state where you are currently licensed is not the state in which you received your training and/or examination, please send a copy of this form to the state where you received your training and/or examination as well as the state where you are currently licensed.

Applicant Name:			
License Number:		Date of Birth:	

→ **Licensing Agency or State Board:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Barbers and Hairdressers at the letterhead address or email the completed form to boardofbarbershairdressers@alaska.gov.

Licensee Name:			State or Jurisdiction:	
Type of License Granted:			Total Hours:	
License Number:		Issue Date:		Expiration Date:
Licensed By:	<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity/Endorsement		Date of Exam:	
Written Exam Administered:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Exam Score:	
Name of Exam:				
School Attended:				
Dates Attended:			Hours:	
Has there been any final disciplinary action taken against this licensee? <small>(If yes, please provide a copy of the disciplinary action document)</small>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
List Derogatory Information, If Any:				
Board Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	Email:		Phone:	



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>