



**Board of Barbers and Hairdressers**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfBarbersHairdressers@Alaska.Gov](mailto:BoardOfBarbersHairdressers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers](http://ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers)

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## Student Enrollment Application Instructions

Student Enrollment forms must be submitted to the division **within 30 days** after the enrollment date. NO more than 300 hours of credit will be given before the date the completed student permit application is submitted to the Division. Schools must verify that students have the required student permit. **Emailed applications will not be accepted. Student Instructor Verification of Work Experience form(s) must be mailed directly to this office.**

Students wishing to receive "instructor" training must hold a current barber, non-chemical barber, hairdresser, esthetician or manicurist with advanced endorsement license and have at least one year of licensed practice before beginning training. The work verification form is included in the application.

**Re-enrollment or transfer students:** If you have a current student permit and want to re-enroll or transfer from another program, please submit the \$5 fee for printing a new license only.

Student Withdrawal forms must be received within 20 working days after termination. The form must verify the total number and types of operations completed by the student, as well as the total number of hours attained by the student while in school. The information provided on this form is subject to audit.

When a student has completed the required hours and practical operations of training, the school must administer a proficiency examination which the student must pass. Once all requirements are completed, the student must submit an application for examination. The completed application must be received with required fees, and the student must have all training hours on file with the division.

The Student Permit expires 30 days after the student is notified in writing of passage of the examination. After passing the exam and until 30 days after notice of passage a student may practice under the student permit, **but only under the supervision of a licensed practitioner in the same field.**

Make checks payable to "State of Alaska" or use the attached credit card payment form.

### **EXAMINATION INFORMATION:**

The written examination is scheduled through Prov. Approved candidates will be notified by this office and Prov that they are ready to schedule their examination. Exam fees will be paid directly to Prov. Candidate bulletin can be found on the Board's website at: [ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers](http://ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers).

NIC website: <https://nictesting.org/>

Prov website: <https://provexam.com/>



THE STATE  
of **ALASKA**

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

**BAH**

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## Student Enrollment Application

### PART I Application Type

Enrolling As:	<input type="checkbox"/> Barber	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Hairdresser	<input type="checkbox"/> Manicurist with Advanced Endorsement
	<input type="checkbox"/> Non-Chemical Barber	<input type="checkbox"/> Student Instructor		
Enrollment Type:	<input type="checkbox"/> Re-Enrollment with Previously Earned Number of Hours:* _____			
	<input type="checkbox"/> School Transfer From:** _____			

\*A student who has interrupted schooling for a continuous period of at least two years will not be allowed credit hours of instruction received before the date of interruption.

\*\*Transfer students from a state other than Alaska must contact their school/training program/state board, to request official transcripts be submitted directly to this office by mail or email [boardofbarbershairdressers@alaska.gov](mailto:boardofbarbershairdressers@alaska.gov)

### PART II Payment of Fees

Required Fees:	<input type="checkbox"/> Permit Fee (Barbers, Non-Chemical Barbers and Hairdressers)	<b>\$125.00</b>
	<input type="checkbox"/> Permit Fee (Estheticians, Manicurists w/ Advanced Endorsement and Student Instructors)	<b>\$100.00</b>
	<input type="checkbox"/> Re-Enrollment or Transfer Fee	<b>\$ 5.00</b>

### PART III Personal Information

Full Legal Name:	Last	First	Middle
<p><b>Provide all other names used (maiden, nicknames, aliases).</b> 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><b>EMAIL AGREEMENT:</b> 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: <input type="checkbox"/> Send my Correspondence Electronically</p> <p><input type="checkbox"/> Send my Correspondence by Mail</p>		
<p><b>Note: If both boxes are selected above, you will receive correspondence electronically.</b></p>			
<p><b>SOCIAL SECURITY NUMBER:</b> 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 IV School Information**

<b>Name of School:</b>		<b>Enrollment Date:</b>	
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**PART V Work Experience (Student Instructors Only)**

I have attached the required one year of verified work experience form.

<b>Name of Shop:</b>			
<b>Shop Address:</b>	Street	City	State      Zip
<b>Employment Begin Date:</b>		<b>Employment End Date:</b>	

**PART VI Signature**

I certify that the above information is true and correct to the best of my knowledge.

<b>Applicant Printed Name:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	
<b>Instructor Printed Name:</b>			
<b>Instructor Signature:</b>		<b>Date Signed:</b>	



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**Verification of Work Experience**  
**(Student Instructor Applicants ONLY)**

Please complete the identifying information below and forward a copy of this form to your present or former employer if you need to receive credit for working experience when applying for licensure as a hairdresser or barber by waiver of examination. (See 12 AAC 09.095(a)(3)(C) and (D)). If you were self-employed, an individual who has direct personal knowledge of your work experience hours while you were self-employed may sign this form certifying your work experience as a hairdresser or barber.

→ **Applicant:**

<b>Applicant Name:</b>			
<b>Applicant Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

→ **Employer:**

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.

<b>Name of Shop:</b>		<b>Phone Number:</b>	
<b>Shop Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Dates of Employment:</b>		<b>Average Number of Hours Worked Per Week:</b>	
<b>Employed As:</b>	<input type="checkbox"/> Barber <input type="checkbox"/> Esthetician <input type="checkbox"/> Hairdresser <input type="checkbox"/> Manicurist w/ Advanced Endorsement <input type="checkbox"/> Non-Chemical Barber		
<b>How are you associated with the applicant?</b>			

I certify that the above information is true and correct to the best of my knowledge.

Notary Stamp	<b>Employer Printed Name:</b>		
	<b>Employer Signature:</b>		<b>Date Signed:</b>
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>



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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: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

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 (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.