



THE STATE

of

ALASKA

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

Barbers and Hairdressers Program

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: license@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Instructions for Manicuring Instructor License Application

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.

An individual who desires to teach in a school in the practice of manicuring must have an instructor license.

An instructor with a license in the field of hairdressing or manicuring may teach the manicuring 12-hour course. An instructor with the advanced manicurist endorsement may teach the 12 or 250-hour course.

A person licensed as an instructor is limited to instructing only in those fields in which the instructor holds a valid Alaska practitioner license.

LICENSURE BY EXAMINATION: Applicants must pass a written national examination. The following must be received in the division 30 days before the examination date. The examination dates/deadlines may be viewed on the board's website at: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers (or contact the division for that information).

To teach the 12-hour manicuring course, an applicant by examination must hold a current Alaska hairdresser or manicuring license and submit:

1. Completed, notarized application.
2. Verification of at least three years of practice as a licensed hairdresser or manicurist in Alaska or another licensing jurisdiction;

— OR —

Verification of one year of practice as a licensed hairdresser or manicurist in Alaska or in another license jurisdiction followed by 600 hours of student instructor training in a school approved by the board or by another jurisdiction (See 12 AAC 09.106(c)(2)).

3. A check or money order payable to the State of Alaska as follows:

Nonrefundable application fee:	\$ 150.00
Written examination fee:	\$ 60.00
License fee:	\$ 260.00

(The license fee may be submitted before taking the examination, but is not required until the examination has been passed.)

LICENSURE BY WAIVER OF EXAMINATION: Applicants who hold a current manicuring Instructor license in another state and a current Alaska hairdresser or manicuring license may qualify for licensure by "waiver of examination." The following must be submitted:

1. Completed, notarized application.
2. Verification of a current instructor license issued by another licensing jurisdiction (form enclosed).
3. Verification of training and experience equivalent to that described in 12 AAC 09.106(c)(2), (See number 2 above, under "Licensure by Examination".)
4. A check or money order payable to the State of Alaska as follows:
\$150.00 Application fee (nonrefundable)
\$260.00 License fee

ADVANCED MANICURIST ENDORSEMENT INSTRUCTOR REQUIREMENTS: To teach the advanced manicuring endorsement course, an applicant must hold a current Alaska hairdresser or manicuring license and pass the written examination for Advanced Manicuring Endorsement and the instructor's written examination. (The application for the manicuring license and the instructor license may be submitted at the same time.) Requirements for instructor license include:

1. Completed, notarized application.
2. Proof of one year of full-time work experience as a hairdresser or manicurist averaging at least 32 hours per week.
3. A check or money order payable to the State of Alaska as follows:
Nonrefundable application fee: \$ 150.00
Examination fee: \$ 120.00 (\$60.00 advanced manicuring exam and \$60.00 instructor exam.)
License fee: \$ 260.00

(The license fee may be submitted before taking the examination, but is not required until the examination has been passed.)

! General Information

APPLICATION PROCESSING:

The average time to process an application is 2-4 weeks from the date it is received in this office complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid a license will be issued and sent to you with a cover letter about further information about Alaska statutory requirements. If the application is not approved for licensure a written explanation of the basis of that denial and information on how to appeal the decision will be provided. Start the process far enough in advance to allow for the average processing time. Applications are reviewed in order of receipt in our office.

LICENSE TERM:

Licenses are issued for a two-year period. However, all massage therapist permanent licenses expire on September 30 of even-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. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

FINGERPRINTING:

For programs requiring fingerprinting please be advised that processing is performed by the Department of Public Safety and they require about two months for processing, so plan accordingly.

“YES” RESPONSES:

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness question in the application be sure to submit an explanation and documentation.

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.

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.

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 Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the division for a copy of the form.

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 an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

PUBLIC INFORMATION:

Please be aware that all information on the initial 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.

ABANDONMENT:

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, however the application fee will not be refunded. If no request for refund is received within that time frame, no refund will be issued and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

BUSINESS LICENSES:

Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: BusinessLicense.Alaska.gov

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

NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed regulations changes for your program please send a request in writing with your name, preferred contact method (mail or e-mail) and the program you want to be updated on to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806



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Application for Manicuring Instructor License

Fees Due	<input type="checkbox"/> Nonfundable Application Fee	\$150
	<input type="checkbox"/> Initial Instructor License Fee	\$260
	<input type="checkbox"/> Instructor Written Examination Fee	\$60
	<input type="checkbox"/> Nail Technician Examination Fee	\$60

Apply for Manicurist Instructor License	<input type="checkbox"/> By Examination	<input type="checkbox"/> By Waiver of Examination
	<input type="checkbox"/> Apply for <i>Advanced</i> Manicurist Endorsement Instructor License	

Choose Your Exam Location	<input type="checkbox"/> Anchorage	<input type="checkbox"/> Fairbanks	<input type="checkbox"/> Juneau
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Current Alaska Licenses	Hairdresser License # _____	Manicurist License # _____
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Full Legal Name	Last _____	First _____	Middle _____
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Mailing Address	Address _____	City _____	State _____	ZIP Code _____
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Telephone	_____	Date of Birth	_____
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Social Security Number: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)	Social Security Number _____
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Email Agreement: By providing my email address below, I agree to receive correspondence on any matter affecting my license or other business with the Alaska Board of Barbers and Hairdressers or the Alaska Division of Corporations, Business and Professional Licensing via email at this address. I agree to notify the Division in writing when my email address changes. I understand failure to check my email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

Email Address	_____
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1. Training for Profession Received at:

(Use additional paper if necessary)

School Name	Address	Dates Attended	Total Hours

2. Licensing Information:

(List all states where you hold or have held a license)

State	License #	Category	Date Issued	Expiration Date

3. Work Experience:

Name of Shop	Address	Dates of Employment

I certify that the information on this form is true and correct to the best of my knowledge. The Division may deny, suspend or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

<div style="border: 1px dashed gray; padding: 10px; width: fit-content; margin: auto;"> Notary Stamp </div>	Applicant's Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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Verification of Training, Examination and Licensure

Applicant: Complete this top section and mail 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's Printed Name			
License Number		Date of Birth	

THIS PART TO BE COMPLETED BY LICENSING BOARD

Licensing Board: Please provide the information requested below and return the form directly to the Alaska Board of Barbers and Hairdressers to the address at the top of this page. This section is not to be completed by the applicant.

Name of Licensee			State	
Type of License Granted			Total Hours	
License Number		Issue Date		Expiry Date
Licensed by	<input type="checkbox"/> Reciprocity/Endorsement <input type="checkbox"/> Examination		Date:	
Written Exam Administered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Score:	Name of Exam	
Practical Exam Administered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Score:	Subjects Covered	
School Attended			Dates	Hours
Any Final Disciplinary Action Taken Against this Licensee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provide a copy of any disciplinary action document		
Provide any derogatory information				

Board Seal 	Board Agency Name:	
	Date:	Title:
	Signature:	Printed Name:



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Verification of Work Experience

Applicant: Complete the top section of this form and have your present or former employer complete this form 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.

Please have the person verifying your work experience mail this form directly to the above address.

Applicant's Signature	
Printed Name	
Address	

THIS PART TO BE COMPLETED BY FORMER EMPLOYER

Name of shop where applicant was employed		Daytime Phone	
Mailing Address			
Dates of Employment		Average number of hours worked per week	
Employed as	<input type="checkbox"/> Manicurist <input type="checkbox"/> Hairdresser <input type="checkbox"/> Other:		
How are you associated with the applicant?			

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

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



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333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974

CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible the form will be rejected.

Name of Applicant or Licensee: _____

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

I wish to make payment by credit card for the following (check all that apply):
Table with 2 columns: Description, Amount. Includes rows for Application Fee, License (or renewal) Fee, Fine, Other (specify), and Total.

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

Credit Card Type: [] VISA — or — [] Mastercard

Signature of Credit Card Holder: _____

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VISA or Mastercard Number: _____ Expiration Date: _____

This section below the dotted line will be destroyed upon processing of the payment.