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*

Barber or Non-Chemical Barber License Application Instructions

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

Sec. 08.13.070. License required. A person may not (2) practice barbering, hairdressing, hair braiding, manicuring, esthetics, body piercing, tattooing, or permanent cosmetic coloring except in a shop or school licensed under this chapter unless exempted under AS 08.13.160(d) or permitted under AS 08.13.160(e).

Minimum hour requirements for licensure:

- **Barber:** 1,650 hours of training in an approved school or 2,000 hours of training in an apprenticeship program approved by the board. Proof of passing a proficiency test administered by a school or instructor if training obtained in an apprenticeship program.
- **Non-Chemical Barber:** 1,350 hours of training in an approved school or 1,600 hours of training in an apprenticeship program approved by the board. Proof of passing a proficiency test administered by a school or instructor if training obtained in an apprenticeship program.

Fee Notice: The fees outlined in the instructions are required for both barber and non-chemical barber license.

LICENSURE BY EXAMINATION

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*

NIC website: *https://nictesting.org/*
Prov website: *https://provexam.com/*

An applicant who fails the written examination three times or more will be required to complete additional hours of training. See 12 AAC 09.075(f).

The following must be received by the division 30 days before the examination date:

1. APPLICATION
A completed application, signed and notarized (#08-4796, pages 1-4).

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

Nonrefundable Application Fee:	$150.00
Initial License Fee:	$180.00
Total Fees Due:	$330.00

Note: The initial license fee may be submitted now, or upon passing the examination. The written examination fee should be paid directly to Prov: *https://provexam.com/*

3. VERIFICATION OF TRAINING
If training was completed in Alaska, you do not need to submit the Verification of Training form (#08-4796b).

If training was completed outside of Alaska, you must contact your school or instructor, if apprenticeship, or state board to request official training documentation/transcripts be submitted directly to this office by the issuing authority (School, Instructor, State Board).

TEMPORARY LICENSE

The board may issue a temporary license to practice barbering or non-chemical barbering to an applicant who has applied and is qualified to take the examination. The temporary license allows an applicant to practice under the supervision of a person who is currently licensed in the field of practice for which the applicant is applying (if the applicant is scheduled for an examination or is awaiting examination results.)

Note: Temporary licenses are valid for 120 days and are nonrenewable. An individual may not receive more than one temporary license for each area of practice.

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

1. APPLICATION
A completed application, signed and notarized (#08-4796, pages 1-4).

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

Nonrefundable Application Fee:	$150.00
Temporary License Fee:	$100.00
Total Fees Due:	$250.00

3. STATEMENT OF RESPONSIBILITY
A Statement of Responsibility form (#08-4796a) completed by the individual for whom you will be working.

LICENSURE BY WAIVER OF EXAMINATION

The following must be received by the division before your application for Licensure by Waiver of Examination can be reviewed:

1. APPLICATION
A completed application, signed and notarized (#08-4796, pages 1-4).

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

Nonrefundable Application Fee:	$150.00
Initial License Fee:	$180.00
Total Fees Due:	$330.00

3. VERIFICATION OF TRAINING
A completed Verification of Training, Examination and Licensure form (#08-4796b) 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.

You must have passed a written and practical/proficiency examination in another state where you have been licensed or are currently licensed. If you did not pass a written and practical/proficiency examination, you will be required to do so in Alaska before receiving your license.

4. VERIFICATION OF WORK EXPERIENCE
An individual who has less than the required 1,650 hours of barber training or 1,350 hours of non-chemical barber training may submit proof of full-time work experience averaging at least 32 hours per week (form #08-4796c). Depending upon the number of hours of training an applicant may have, either one year or two years of full-time work experience will be required. See 12 AAC 09.095(a)(3) or 12 AAC 09.095(b)(3).

An individual who does not have the required number of hours or sufficient work experience as a barber or non-chemical barber may obtain the additional hours by attendance at an approved school or an approved apprenticeship program. An individual who does not have the required barber or non-chemical barber training will be required to obtain the additional hours in a licensed school or approved apprenticeship program.

TEMPORARY PERMIT

An applicant holding a current valid license from a board of barbering, hairdressing, or cosmetology in another state may be granted a temporary permit. 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 (#08-4796, pages 1-4).

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
Total Fees Due:	$430.00

3. VERIFICATION OF CURRENT LICENSE

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

BAH Information

If you wish to practice skin care in the State of Alaska, you must be licensed as an esthetician. The Board of Barbers and Hairdressers also issues licenses for the following categories: Instructor, School, Shop Owner, Student Permits (School or Apprentice), Manicuring, Body Piercing, Tattooing, Permanent Cosmetic Coloring, Hairdressing, and Hair Braiding.

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 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.*

NIC website: *https://nictesting.org/*
Prov website: *https://provexam.com/*

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 contact Prov directly at: *https://provexam.com/*

MANICURIST INFORMATION:
To perform Manicuring, an individual must hold either a manicurist license, a manicurist with advanced endorsement, or hairdresser license.

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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Barber or Non-Chemical Barber License Application

PART I Application Type

Applying By:	☐ Examination	☐ Waiver of Examination
License Category:	☐ Barber	☐ Non-Chemical Barber

PART II Payment of Fees

Required Fees:	☐ Nonrefundable Application Fee	**$150.00**
	☐ Initial (Permanent) License Fee	**$180.00**
Temporary Permit:	☐ In addition to the above, I would like to request a Temporary License or Permit.	**$100.00**

PART III Personal Information

Full Legal Name:	Last	First	Middle

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).

☐ Not Applicable

☐ Other Names Used: _____

Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:		**Date of Birth:**		

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.

Email Address:		**Select One:**	☐ Send my Correspondence Electronically ☐ Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

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.	

PART IV Barbering School(s)

Name of School	Address	Dates Attended	Total Hours

PART V Apprenticeship(s)

Name of Instructor	Name of Shop	Dates Attended	Total Hours

PART VI 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

PART VII Work Experience

Name of Shop	Address	Employment Begin Date	Employment End Date

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Notary Signature Page

PART VIII 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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Statement of Responsibility
(To be used ONLY if applying for a temporary license while awaiting examination.)

Applicant: Please complete the identifying information below and forward a copy of this form to the individual for whom you will be working.

Applicant Name:	
Area of Practice:	

Supervisor: Please complete this bottom part for the applicant identified above.

Supervisor Name:			
Currently Licensed As:	☐ Barber ☐ Non-Chemical Barber	**License Number:**	
Name of Shop:			
Shop License Number:		**Phone Number:**	
Shop Mailing Address:	P.O. Box or Street City State Zip		

I assume the full responsibility of supervising the above-named examination applicant in the stated area of practice. The supervision will be conducted at the shop named above and will be held in compliance with the statutes and regulations set forth by the Board of Barbers and Hairdressers.

I understand that the above-named examination applicant must work under my direct supervision and within my physical presence. I further understand that the temporary license is valid for 120 days from the date of issue and is nonrenewable. If the applicant fails the examination and is not eligible to receive licensure within the 120 days of the temporary license period, the applicant must cease practicing by the expiration date of the temporary license.

Notary Stamp	**Supervisor Printed Name:**			
	Supervisor Signature:		**Date Signed:**	
	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:	☐ Exam ☐ Reciprocity/Endorsement			**Date of Exam:**	
Written Exam Administered:	☐ Yes ☐ No	**Practical or Proficiency Exam Administered:**		☐ Yes ☐ No	
Name of Exam(s):				**Exam Score:**	
School Attended:					
Dates Attended:				**Hours:**	
Has there been any final disciplinary action taken against this licensee? (If yes, please provide a copy of the disciplinary action document)				☐ Yes ☐ No	
List Derogatory Information, If Any:					
Board Seal	**Signature:**			**Date Signed:**	
	Printed Name:			**Title:**	
	Email:			**Phone:**	

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Verification of Work Experience

Applicant:

Please complete the identifying information below and have your present or former employer complete this form if you need to receive credit for work experience when applying for licensure as a barber or non-chemical barber by waiver of examination in accordance with 12 AAC 09.095(a)(3) or 12 AAC 09.095(b)(3).

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 barber or non-chemical barber.

Applicant Name:	
Mailing Address:	P.O. Box or Street City State Zip
Applicant Signature:	

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.

Name of Shop Where Applicant was Employed:		**Phone Number:**	
Mailing Address:	P.O. Box or Street City State Zip		
Dates of Employment:		**Average Number of Hours Worked per Week:**	
Employed As:	☐ Barber ☐ Non-Chemical Barber		
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	**Verifier Printed Name:**			
	Verifier Signature:		**Date Signed:**	
	Notary Public for State of:		**Subscribed and Sworn to Before me on this Day:**	
	Notary Signature:		**My Commission Expires:**	

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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: 0

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!

1. Account Number: _____
2. Expiration Date: _____
3. Billing ZIP Code: _____
4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.