



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF BARBERS AND HAIRDRESSERS
P.O. Box 110806, Juneau, Alaska 99811-0806
333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801-0806
Telephone: (907) 465-2547 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ/pbah.htm

INSTRUCTOR APPLICATION FOR BARBER, HAIRDRESSER, OR ESTHETICIAN

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION. ANY PORTION OF THE APPLICATION THAT IS NOT SUBMITTED MAY DELAY THE ISSUANCE OF YOUR LICENSE.

INSTRUCTOR LICENSE: A barber, hairdresser, or esthetician who desires to teach in a school or instruct an apprentice in the practice of barbering, hairdressing, or esthetics must have an instructor license.

A person licensed as an instructor is limited to instructing only in those fields in which the instructor holds a valid Alaska practitioner license. To be licensed as an instructor, you must also hold a current practitioner (hairdresser, esthetician, or barber) license.

LICENSURE BY EXAMINATION: The practical and written examinations are scheduled by the Board of Barbers and Hairdressers. 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: www.commerce.state.ak.us/occ/pbah.htm (or contact the division for the information).

1. Completed, notarized application.
2. Verification of a current license to practice as a barber, hairdresser, or esthetician in Alaska.
3. Verification of at least three years of practice as a licensed barber, hairdresser, or esthetician in Alaska or another licensing jurisdiction. If you intend to teach in more than one profession you must verify 3 years of work experience in each profession; OR

Verification of one year of practice as a licensed barber, hairdresser, or esthetician 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 (Note: 12 AAC 09.106(c)(2)).

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

a. Nonrefundable application fee	\$80.00
b. Examination fee:	
Written	\$35.00
Practical	\$60.00
c. License fee	\$240.00

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

LICENSURE BY WAIVER OF EXAMINATION: The following must be submitted to the division:

1. Completed, notarized application.
2. Verification of a current barber, hairdresser, or cosmetology instructor license issued by another licensing jurisdiction (form enclosed).
3. Verification of a current license to practice as a barber, hairdresser, or esthetician in Alaska.
4. Verification of training and experience equivalent to that described in 12 AAC 09.106(c), (A) or (B).
5. A check or money order payable to the State of Alaska as follows:

\$ 80.00 Application fee (nonrefundable)
\$ 240.00 License fee

GENERAL INFORMATION

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: www.commerce.state.ak.us/occ or contact the division to request the form.

SOCIAL SECURITY NUMBERS – Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the "Request for Exception from Social Security Number Requirement" form located on the division's website at: www.commerce.state.ak.us/occ or contact the division to request to form.

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 Post-Secondary 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 Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

PUBLIC INFORMATION – All information supplied with this application is considered public information unless required by state or federal law to remain confidential. Information about licensees, including mailing addresses, is available on the division's website at: www.commerce.state.ak.us/occ under "License Search."

EXAMINATION INFORMATION:

The written exam is provided in English, Spanish, and Vietnamese, except for barber which is provided in English and Spanish. Individuals wishing to take the written exam in either Spanish or Vietnamese must submit their request in writing by the deadline date of the exam for which they wish to be scheduled. 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 for which they wish to be scheduled. 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).



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VERIFICATION OF TRAINING, EXAMINATION, AND LICENSURE

Applicant: Complete this 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.

Printed Name: _____

Address: _____

License No.: _____ Birthdate: _____

PLEASE DO NOT DETACH.

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

State of _____

Name of Licensee: _____

Type of License Granted: _____ Total Hours: _____

License No.: _____ Issue Date: _____ Expiration Date: _____

By reciprocity/endorsement: Yes No By Examination: Yes No Date: _____

WRITTEN EXAMINATION

Written Examination Administered: Yes No Written Examination Score: _____

Name of National Examination, if applicable: _____

PRACTICAL EXAMINATION

State Practical Examination Administered: Yes No State Practical Examination Score: _____
 (Hands-On Practical)

Subjects covered on State Practical Examination: _____

Education:

School Attended	Dates	Hours
_____	_____	_____
School Attended	Dates	Hours

Has there been any final disciplinary action taken against this licensee? Yes No
 If yes, please provide a copy of the disciplinary action document.

List derogatory information, if any _____

Board Agency Name: _____

Signature: _____

(BOARD SEAL)

Printed Name: _____

Title: _____

Date: _____



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VERIFICATION OF WORK EXPERIENCE

Applicant: Complete the top section and have your former/present employer complete this form if you need to receive credit for working experience when applying by waiver of examination. 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, barber, or esthetician.

Please have the person verifying work experience mail this form to the above address:

Applicant Signature: _____

Printed Name: _____

Address: _____

PLEASE DO NOT DETACH. The information below must be completed by a former or present employer who can verify the required work experience.

 (Name of Applicant)

was employed at the _____
 (Name of Shop)

Mailing Address: _____

Dates of Employment: From _____ To _____
 Month Day Year Month Day Year

From _____ To _____
 Month Day Year Month Day Year

Average Number of Hours Worked per Week _____

Position as: Practitioner of barbering Practitioner of esthetics (skin care only)
 Practitioner of hairdressing Other: _____

How are/were you associated with the applicant? _____

Your daytime telephone: _____

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

SIGN HERE _____
 Signature

SUBSCRIBED AND SWORN to before me, A Notary Public, in and for the State of _____,
 this _____ day of _____, 20_____.

SIGN HERE _____
 Notary Public

My Commission Expires: _____

SEAL