

Cosmetology Professions Instructor for:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cosmetologist/Barber | <input type="checkbox"/> Esthetician | <input type="checkbox"/> Nail Technician |
| <input type="checkbox"/> Barber | <input type="checkbox"/> Electrologist | <input type="checkbox"/> Hair Designer |
| <input type="checkbox"/> EYELASH & EYEBROW TECHNICIAN | | |

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN:* _____ Date of Birth: _____ Gender: Male Female
* If you don't have a social security number, please follow the instructions on the last page.

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way ?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you CURRENTLY have any criminal action active or pending ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance , or been convicted of a misdemeanor in any jurisdiction?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER pled guilty to, no contest to, entered into a plea in abeyance , or been convicted of a felony in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- **personal account of the incident**
- **court record(s)**
- **police report(s)**
- **probation/parole officer report(s)**

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).

You do **NOT** need to disclose:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Verification of Formal Cosmetology Trades Instructor Education

To be submitted by applicants who graduated from a **recognized instructor program**.

APPLICANT INFORMATION (to be completed by the applicant)

Full Legal Name: _____
First Middle Last

License Number: _____ License Type: _____

EMPLOYMENT INFORMATION:

(To be completed by the Official Program Representative.)

Dates of Enrollment: _____ to _____

Hours of instructor training at this school: _____

* Instructor training hours transferred from another school: _____

Total hours of all training: _____

Name of School: _____ License number _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

** If verifying hours transferred from another school, please complete the following:*

Name of School: _____ License number _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Enrollment: _____ to _____

ATTESTATION:

I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a-707. I further certify that the applicant is qualified and competent to practice as a licensed instructor for (select one):

- Cosmetologist/Barber
 Esthetician
 Nail Technician
 Barber
 Electrologist
 Hair Designer
 Eyelash & Eyebrow Technician

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of certifying individual: _____ Date: _____

Printed name of certifying individual: _____

Please affix the school seal to the left and place this form in an envelope with the school seal over the envelope flap.

(Seal)

Please send the sealed envelope directly to DOPL or provide it to the applicant to include in their application.

Alternatively, the school may email this form directly to b2@utah.gov.

Verification of On-the-Job Cosmetology Trades Instructor Training

To be submitted by applicants who, while employed by a licensed or recognized school, completed an **on-the-job instructor training program** conducted by a licensed instructor at the school.

APPLICANT INFORMATION (to be completed by the applicant)

Full Legal Name: _____
First Middle Last

License Number: _____ License Type: _____

EMPLOYMENT INFORMATION:

(To be completed by the Official Program Representative.)

Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Dates of Employment: _____ to _____

How many hours did the applicant work per week? _____

How many total hours did the applicant participate in their On-the-Job Training program? _____

Describe the applicant's duties: *(attach additional form if needed)*

Is the applicant still employed? Yes No

The applicant is/was a W-2 Employee Contracted Labor.

If no, is the applicant re-hirable? Yes No

If not re-hirable, please explain:

ATTESTATION:

I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a-707. I further certify that the applicant is qualified and competent to practice as a licensed instructor for (select one):

- Cosmetologist/Barber Esthetician Nail Technician
 Barber Electrologist Hair Designer Eyelash & Eyebrow Technician

I further certify that the applicant is qualified and competent to practice as a licensed instructor.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of certifying individual: _____ Date: _____

Printed name of certifying individual: _____

Verification of Licensed Cosmetology Trades Experience

To be submitted by applicants applying based on **licensed work experience**. Each employer must complete a separate form.
***If SELF-EMPLOYED, the applicant should complete this form and write "Self-Employed" on the "Relationship to Applicant" line.**

APPLICANT INFORMATION (to be completed by the applicant)

Full Legal Name: _____
First Middle Last

License Number: _____ License Type: _____

EMPLOYMENT INFORMATION:

(To be completed by the Employer, Salon Owner, or Human Resources.*)

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Dates of Employment: _____ to _____

How many hours did the applicant work per week? _____

How many overall hours did the applicant work during the dates of employment? _____

Describe the applicant's duties: *(attach additional form if needed)*

Is the applicant still employed? Yes No

The applicant is/was a W-2 Employee Contracted Labor.

If no, is the applicant re-hirable? Yes No

If not re-hirable, please explain: *(attach additional form if needed)*

ATTESTATION:

I do hereby certify that the applicant for licensure was actively engaged in the lawful practice at the above-named establishment for the number of hours listed for the following trade (select one):

- Cosmetologist/Barber Esthetician Nail Technician
 Barber Electrologist Hair Designer Eyelash & Eyebrow Technician

I further certify that the applicant is qualified and competent to practice as a licensed instructor.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of certifying individual: _____ Date: _____

Relationship to Applicant: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Code § R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

ALL APPLICANTS

Note: It is required you hold a Utah license type in the same trade for which you are requesting an instructor license. Esthetician Instructors must hold a Master Esthetician license.

The following items are required to complete your application:

- \$60.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Obtain passing examination score(s) as required. Examination information is available on our website: <https://dopl.utah.gov/cosmetology/exam-information/>
- Provide verification of meeting the education or experience requirements by submitting **one** of the following options:
 - Verification of Formal Cosmetology Trades Instructor Education** documenting graduation from a recognized instructor school whose curriculum consists of the number of hours required for your trade (listed below).
 - Verification of On-the-Job Cosmetology Instructor Training** documenting the number of hours required for your trade (listed below). Additionally, you may be asked to provide additional documentation to support the hours being verified.
 - o Verification of licensure if the hours were earned at a recognized school outside of Utah.
 - Verification of Licensed Cosmetology Trades Experience** documenting the number of hours required for your trade (listed below). Additionally, you may be asked to provide additional documentation to support the hours being verified.
 - o Verification of licensure if the experience hours were earned outside of Utah.

EDUCATION AND EXPERIENCE REQUIREMENTS

All education programs must be a licensed or recognized school as defined by [R156-11a](#).

Experience hours MUST be licensed practice within the same trade. To verify hours worked in another state, official license verification documenting an active license during the time the hours were worked, is required.

License Type	Formal Instructor Education OR On-the-Job Training Hours	Licensed Work Experience Hours
Cosmetology/Barber	240	1,600
Barber Only	150	1,000
Electrologist	90	1,000
Esthetician	180	900
Hair Design	180	1,200
Nail Technician	45	300
Eyelash & Eyebrow Technician	15	100

Submit completed application to the Division:

By US Postal Service:
Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

By in-person or express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111

If you have questions, please contact the Division at 801-530-6628 or by email at B2@Utah.gov.