



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

To reinstate your expired license(s):

- Complete this form, attaching any required supporting documentation. For a name change, provide a copy of the legal document (i.e., marriage license, divorce decree, or court order).
- Pay the total reinstatement fee due for all license types you are reinstating. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Return the completed form, any required documentation, and the reinstatement fee to: Division of Registrations, Office of Licensing, 1560 Broadway, Suite 1350, Denver, Colorado, 80202.

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Check the type of license(s) you held and provide the license number(s): (For Colorado License Only)

License Type	Colorado License Number	Date Expired	Reinstatement Fee
<input type="checkbox"/> Barber	_____	_____	\$41
<input type="checkbox"/> Cosmetologist	_____	_____	\$47
<input type="checkbox"/> Esthetician	_____	_____	\$41
<input type="checkbox"/> Hairstylist	_____	_____	\$41
<input type="checkbox"/> Manicurist	_____	_____	\$41

Total Fee Enclosed: \$ _____

PART 1—APPLICANT INFORMATION

Name: Last: _____		First: _____		Middle: _____		Suffix: _____	
Previous Name(s): _____							
Social Security Number: * _____			Date of Birth (mm/dd/yyyy): _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country): _____							
Mailing Address: <i>This is a</i> <input type="checkbox"/> Home <input type="checkbox"/> Business		PO Box, Street: _____					
		City: _____		State: _____		Zip: _____	
Daytime Telephone Number: () _____				E-mail Address: _____			
				Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail			

Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; and locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

PART 2—LICENSE INFORMATION

Since the date your license expired, have you been practicing in the state of Colorado? YES NO

Since the date your license expired, have you been practicing in another jurisdiction? YES NO

List below each jurisdiction in which you are or have ever been licensed (if needed attach an additional sheet in the same format). If not applicable, enter N/A.

State	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART 3—SCREENING QUESTIONS

1. Have you ever been convicted of a felony, pled guilty or nolo contendere to a felony, or accepted a deferred judgment or deferred prosecution to a felony charge? YES NO

➤ If **YES**, you must complete the *Information Regarding Felony Conviction* form available online at www.dora.state.co.us/barbers_cosmetologists/licensing.htm.

2. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a barber, cosmetologist, esthetician, hairstylist, or manicurist safely and competently? YES NO

PART 4—COMPETENCY TO PRACTICE

If your license has been expired more than two (2) years:

Complete Part 5—Work Experience History. You must be able to document a total of 400 hours of work experience within the last five (5) years. If your work experience is from another state or jurisdiction, provide a Verification of Licensure from all states or jurisdictions where you have been actively practicing during the last five (5) years.

If your license has been expired more than five (5) years:

Provide documentation of work experience and verification from another state as noted above; OR
 Take and pass the written examination.

PART 5—WORK EXPERIENCE HISTORY

If your license has been expired more than two (2) years, complete the appropriate table(s) below to show your professional work experience for the last five (5) years. Be as accurate as possible, since this information could help us determine your eligibility for Colorado licensure. If needed, attach an additional sheet in the same format.

BARBER

Salon Address	Salon Phone Number	Self Employed?	Employment Start Date	Employment End Date	Total Number Hours Worked Barber
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

GRAND TOTAL Hours worked as Barber: _____

COSMETOLOGIST

Salon Address	Salon Phone Number	Self Employed?	Employment Start Date	Employment End Date	Total Number Hours Worked Cosmetologist
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

GRAND TOTAL Hours worked as Cosmetologist: _____

ESTHETICIAN

Salon Address	Salon Phone Number	Self Employed?	Employment Start Date	Employment End Date	Total Number Hours Worked Esthetician
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

GRAND TOTAL Hours worked as Esthetician: _____

HAIRSTYLIST

Salon Address	Salon Phone Number	Self Employed?	Employment Start Date	Employment End Date	Total Number Hours Worked Hairstylist
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

GRAND TOTAL Hours worked as Hairstylist: _____

MANICURIST

Salon Address	Salon Phone Number	Self Employed?	Employment Start Date	Employment End Date	Total Number Hours Worked Manicurist
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			

GRAND TOTAL Hours worked as Manicurist: _____

Barber	Work with scalp and hair of the head, perform face shaving and beard trimming, and basic barber facials.
Cosmetologist	Work with the hair of the head (cutting, styling, coloring, etc.); trim beards but do not perform face shaving; perform manicures and pedicures; and provide skin care/esthetic services (facials, makeup, waxing, etc.).
Esthetician	Perform skin care services, advanced esthetic treatments (microdermabrasion and chemical peels), apply makeup, and remove superfluous hair.
Hairstylist	Work with the hair of the head and trim beards but do not perform face shaving.
Manicurist	Provide basic manicures and pedicures, apply artificial nail enhancements, and perform waxing on the hands and feet.

APPLICANT NAME: _____

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date

License Expiration Grace Period for Applicants. Cosmetologist license expiration dates are April 30 of either odd-numbered years or even-numbered years, and are dependent upon the issuance date. Barber, Esthetician, Hairstylist, and Manicurist license expiration dates are March 31 of even-numbered years. All applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date.

COLORADO VERIFICATION OF LICENSURE

Applicant: If your license has been expired more than two (2) years, complete Part 1 and mail this form to each State Board where you have been licensed as a barber, cosmetologist, esthetician, hairstylist, or manicurist during the past five (5) years.

Part 1—To be completed by the APPLICANT

NAME: Last	First	Middle	Suffix
MY NAME SHOULD APPEAR IN YOUR RECORDS AS:			
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:	
MAILING ADDRESS: PO Box, Street: City, State, ZIP:			
LICENSE TYPE: <input type="checkbox"/> Barber <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Esthetician <input type="checkbox"/> Hairstylist <input type="checkbox"/> Manicurist			
I am requesting that you provide verification of my license(s) as indicated above to the State of Colorado.			
APPLICANT SIGNATURE:			DATE:

Verifying State Board: Complete Part 2 and mail the completed form directly to Colorado Division of Registrations, Office of Licensing—Barber/Cosmetology, 1560 Broadway, Suite 1350, Denver, CO 80202.

PART 2—To be completed by the VERIFYING STATE BOARD or FOREIGN COUNTRY

FROM (VERIFYING STATE BOARD NAME):			DATE:
STATE BOARD ADDRESS: PO Box, Street: City, State, ZIP:			
THIS INDIVIDUAL WAS LICENSED AS			
LICENSE TYPE	LICENSE NUMBER	DATE OF LICENSURE	EXPIRATION DATE
BASIS OF LICENSURE			
<input type="checkbox"/> Examination		<input type="checkbox"/> Endorsement	
		<input type="checkbox"/> Foreign Trained	
NUMBER OF TRAINING HOURS REQUIRED/VERIFIED:			
PRACTICAL EXAM TAKEN AND PASSED?		WRITTEN EXAM TAKEN AND PASSED?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DISCIPLINARY ACTION			
HAS THERE BEEN ANY DISCIPLINE TAKEN OR PENDING AGAINST THIS LICENSEE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
(IF YES, PLEASE INCLUDE A COPY OF INFORMATION AVAILABLE REGARDING THE ACTION(S))			
VERIFIED BY:			STATE BOARD SEAL
TITLE:		DATE:	