

Department of Commerce, Community, and Economic  
Development

## DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

[SOA](#) / [DCCED](#) / [CBPL](#) / [Professional Licensing](#) / [Board of Barbers & Hairdressers](#) / [Applications & Forms](#)

# BOARD OF BARBERS AND HAIRDRESSERS

## ▼ Individual Applications

### Initial Individual Applications

- [Barber, Hairdresser and Esthetician Application](#)  
#08-4193, Revised 12/27/16.  
Includes application for temporary license.
- [Hairdressing Courtesy License](#)  
#08-4697, New 12/30/16.
- [Manicurist with Advanced Endorsement Application](#)  
#08-4433, Revised 7/14/17.
- [Manicurist Application](#)  
#08-4728, New 7/7/17.
- [Instructor Application](#)  
#08-4189, Revised 12/20/16.  
Application for license as instructor by examination and by waiver of examination.  
For Barber, Hairdresser, or Esthetician.

## ▶ Student and Apprentice Applications

## ▶ Tattooing, Permanent Cosmetic Coloring, and Body Piercing Applications

## ▶ School and Shop Applications

## ▶ License Renewal Applications

## Miscellaneous Forms

- [Change of Location for Shops](#)
- [Change of Business Name for Shops](#)



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](mailto:license@alaska.gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers](http://ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers)

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## Instructions for Hairdresser Courtesy License

**Your completed application and supporting documents must be postmarked or received by the Board of Barbers and Hairdressers no later than 30 days before the date you plan to begin working in Alaska.**

A courtesy license authorizes an individual to practice hairdressing for the purpose of working on a television, film, or stage production.

A courtesy license is valid for the duration of the production, not to exceed 12 months. If the license is required for a period to exceed 12 months, the licensee must apply for a new and separate license.

### REQUIREMENTS FOR COURTESY LICENSE

1. Completed and notarized application.
2. A check or money order payable to State of Alaska as follows:
  - Application fee (nonrefundable) of \$80.00
  - Courtesy License fee of \$80.00
3. Verification of a current hairdressing license from another state or jurisdiction.

Note: All items under 1-3 above must be **received** by the Board of Barbers and Hairdressers at least 30 days before you plan to begin practicing in Alaska.

## **GENERAL INFORMATION**

No one may practice hairdressing without being licensed.

**SPECIAL ACCOMMODATIONS FOR EXAMINATION:** Programs under the jurisdiction of the Division of Corporation, 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 or contact the Division to request the form.

**SOCIAL SECURITY NUMBERS:** In accordance with AS 08.01.060, the department is not authorized to issue a license unless the applicant's social security number has been provided to the department. If you do not have a social security number you may download the *Request for Exception from Social Security Number Requirement* form or contact the Division.

**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.

**PUBLIC INFORMATION:** Information supplied with this application will be considered public unless required to be kept confidential by law. Information about current licensees, including mailing addresses, is available on the Division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

## **DEFINITIONS**

- I. "hairdressing" means performing, for a fee, the following services for cosmetic purposes: trimming or cutting the beard of a living person; and arranging, styling, dressing, curling, temporary waving, permanent waving, cutting, singeing, bleaching, coloring, cleansing, conditioning, or similar work on the hair of a living person.
- II. "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 or makeup or false eyelashes.

### **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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**BAH**

FOR DIVISION USE ONLY

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PO Box 110806, Juneau, AK 99811-0806

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

Email: [license@alaska.gov](mailto:license@alaska.gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers](http://ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers)

## Application for Hairdressing Courtesy License

- A complete application must be received at least 30 days before you plan to be practicing in Alaska.
- Further information is available online at: [ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers](http://ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers)
- It is illegal to work until your license has been issued.
- Make checks and money orders payable to the State of Alaska, or use the attached credit card payment form.

<b>Fees Due:</b>	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$80.00</b>
	<input type="checkbox"/> Courtesy License Fee	<b>\$80.00</b>

<b>Full Legal Name:</b>	First	Middle	Last
<b>Birthdate:</b>			
<b>Complete Mailing Address:</b>			
<b>Contact Phone:</b>	(       )	—	

<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your 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.		
<b>Email Address:</b>		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail

<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 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.	<table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**1. About where you will be working:**

**Name of Production Company:**

**Location:**

**Employment Start Date:**

**2. Licensing Information: (List all states where you hold or have held a license)**

State	License #	Category	Date Issued	Expiration Date

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)

Notary Stamp

Applicant's  
Signature:

Notary  
Public for  
State of:

Notary's  
Signature:

Subscribed and  
Sworn to Before  
me on this Day:

My Commission  
Expires:



THE STATE  
of **ALASKA**

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

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
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):

**Amount**

☐ Application Fee: \_\_\_\_\_

☐ License or Renewal Fee: \_\_\_\_\_

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**Total:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Credit Card Type: ☐ VISA — or — ☐ Mastercard

→ **Signature of Credit Card Holder:** \_\_\_\_\_

.....  
**VISA or Mastercard Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

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