

MONTANA BOARD OF BARBERS AND COSMETOLOGISTS
P. O. Box 200513
301 S PARK, 4TH FLOOR (Delivery)
Helena, Montana 59620-0513
(406) 841-2378 FAX (406) 841-2309
E-MAIL: dlibsdcos@mt.gov WEBSITE: www.cosmetology.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
Please allow 10 days for processing from the date the Board receives a completed routine application

BOOTH RENTERS ARE NOT PERMITTED TO PRACTICE BOOTH RENTER SERVICES IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE.
ALL SERVICES MUST BE PERFORMED IN A LICENSED BARBERSHOP OR SALON.

LICENSE REQUIREMENTS:

- ◆ Must hold a current Montana Barber, Cosmetologist, Electrologist, Esthetician or Manicurist license that is in good standing.
- ◆ Must abide by the requirements of 39-51-204, MCA.

FEES:

- ◆ **\$ 40.00 Booth Rental License Application Fee**

Make check or money order payable to the Montana Board of Barbers and Cosmetologists

DOCUMENTS:

- ◆ **Manicurists and Estheticians only:** Proof of completion of the application for Workers' Compensation insurance or the exemption as required by MCA 39-51-204. For more information regarding this form and information regarding it, please contact the Workers' Compensation Regulation Bureau at (406) 444-9016.

APPLICATION PROCEDURES

- ◆ When the application file is complete, it will be processed by Board staff for permanent licensure.
- ◆ An incomplete or non-routine application may be a delayed. You may be requested to provide additional information or to make a personal appearance before the Board during a regularly scheduled Board meeting. These applications may take up to 120 days to process.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Some states may charge a fee for verification. Contact each state board for its requirements.
- ◆ Keep the Board office informed at all times of any address change, change in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- ◆ Once a complete routine application is received, processing may require up to 10 days to process.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved, a permanent license will be issued.

For information regarding the processing of this application or other concerns please contact the Board of Barbers and Cosmetologists staff at (406) 841-2378 or email us at dlibsdcos@mt.gov
PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF BOOTH RENTERS ON OUR WEBSITE: www.cosmetology.mt.gov

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Application for licensure as: (All fees are non-refundable and are not pro-rated)

Booth Rental \$40.00

Please allow 10 days for processing a completed routine application.

1. FULL NAME: _____
Last First Middle
2. OTHER NAME(S) KNOWN BY: _____
3. HOME ADDRESS: _____
Street or PO Box # City and State Zip
4. TELEPHONE: (_____) _____ (_____) _____ _____
Home Fax E-mail Address
5. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____
6. PROFESSIONAL LICENSE TYPE _____ PROFESSIONAL LICENSE NUMBER: _____
7. LICENSE NAME _____
(State your name as it should appear on the license if granted.)
8. Has any legal or civil disciplinary action been filed against you which relates to your propriety of, or your fitness to practice this profession? If yes, attach a detailed explanation and provide documentation. Yes No
9. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach a detailed explanation and provide documentation from the licensing agency. Yes No
10. Has a complaint ever been made against you alleging unethical behavior, or unprofessional conduct? If yes, attach a detailed explanation and documentation. Yes No
11. Have you ever had a license or work permit denied, revoked or suspended? If yes, attach a detailed explanation and documentation. Yes No
12. Have you ever voluntarily surrendered, cancelled or forfeited your license or work permit? If yes, attach a detailed explanation. Yes No

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Barbers and Cosmetologists

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Date