

**MONTANA BOARD OF BARBERS AND COSMETOLOGISTS**

**P. O. Box 200513**

**301 S PARK, 4<sup>TH</sup> FLOOR (Delivery)**

**Helena, Montana 59620-0513**

**(406) 444-6880**

**E-MAIL:** [dlibsdcos@mt.gov](mailto:dlibsdcos@mt.gov)

**WEBSITE:** [www.cosmetology.mt.gov](http://www.cosmetology.mt.gov)

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

**IT IS UNLAWFUL TO OWN, MANAGE, TEACH IN OR CONDUCT A SCHOOL OF  
BARBERING, COSMETOLOGY, ELECTROLOGY, ESTHETICS OR MANICURING  
WITHOUT AN APPROPRIATE LICENSE**

**LICENSE REQUIREMENTS:**

- ◆ School applicants must meet the requirements defined in ARM Title 24, Chapter 121, Subchapter 8 and MCA Title 37, Chapter 31, Part 311
- ◆ Schools must employ 1 instructor for every 25 students.
- ◆ School applicants shall present a bond or other security in the amount of \$5,000 **for each course** to be used only to provide a refund of prepaid tuition to enrolled students in the event the school ceases to operate or otherwise is unable to complete the course of instruction. Schools shall not allow the bond or other security to be canceled or expire as long as the school is licensed. 24.121.605 (3)(a)(b)(4)
- ◆ Schools shall provide true and accurate copies of all current school policies, procedures, rules, student contracts, tuition costs and required deposits, including but not limited to those policies, procedures and rules addressing: students; school operating standards; disciplinary procedures; permissible attire; ethics/ conduct; leaves of absence; attendance; holidays and school closures; hours of operation; refunds; withdrawals; grounds for termination; grading standards; final practical examination and passing score; requirements for satisfactory progress; release of information; and instructional demonstrations.

**FEES:**

- ◆ **\$ 220.00 School Application Fee**
- ◆ **\$ 200.00 Inspection Fee**
- ◆ **\$ 70.00 Additional Course Fee**

**DOCUMENTS:**

**The following documents must be submitted with your application:**

- ◆ Attachment A – Personal Survey Form For Owners and Officers
- ◆ Attachment B – Personal Information Form For Instructors
- ◆ Attachment C – List of Supplies and Equipment for School
- ◆ A detailed, drawn to scale floor plan of the proposed school. Please include entrances/exits, restrooms and sink locations, office, classrooms, break areas, student locker rooms, reception area and dimensions, and label all areas of the school
- ◆ Proof of Bond or other security in the amount of \$5000.00
- ◆ A school financial report prepared by a certified public accountant (CPA) indicating the financial solvency of the proposed school.

- ◆ True and accurate copies of all current school policies, procedures, rules, student contracts, tuition costs and required deposits, including but not limited to those policies, procedures and rules addressing: students; school operating standards; disciplinary procedures; permissible attire; ethics/ conduct; leaves of absence; attendance; holidays and school closures; hours of operation; refunds; withdrawals; grounds for termination; grading standards; final practical examination and passing score; requirements for satisfactory progress; release of information; and instructional demonstrations.

#### **APPLICATION PROCEDURES**

- ◆ When the application file is complete, it will be reviewed at the next Full Board meeting for preliminary approval.
- ◆ An incomplete or non-routine application may be 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.
- ◆ 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, processed and approved, a preliminary approval may require up to 120 days to process. The applicant will be notified in writing of any deficient or missing items from the application file. When a routine application is received, processed and approved by the Board, the preliminary approval will be valid until the school has been inspected and approved by a Board Inspector. Once the Board Inspector has approved the school 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) 444-6880 or email us at [dlibsdcos@mt.gov](mailto:dlibsdcos@mt.gov)**

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**Application for Licensure for (check one)**

(All fees are non-refundable and are not pro-rated)

- Barbering School \$220.00 + Inspection Fee \$200.00 = \$420.00
- Barbering Nonchemical School \$220.00 + Inspection Fee \$200.00 = \$420.00
- Cosmetology School \$220.00 + Inspection Fee \$200.00 = \$420.00
- Electrology School \$220.00 + Inspection Fee \$200.00 = \$420.00
- Esthetics School \$220.00 + Inspection Fee \$200.00 = \$420.00
- Manicurist School \$220.00 + Inspection Fee \$200.00 = \$420.00
- Additional Course(s) within an already licensed school \$70.00 (each course)

**Course Types:**

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Barbering          | <input type="checkbox"/> Esthetics   | <input type="checkbox"/> Instructor          |
| <input type="checkbox"/> Barber Nonchemical | <input type="checkbox"/> Manicuring  | <input type="checkbox"/> Supplemental Barber |
| <input type="checkbox"/> Cosmetology        | <input type="checkbox"/> Electrology |  |

**Processing may take up to 120 days for processing a completed routine application.**

1. SCHOOL NAME: \_\_\_\_\_ SCHOOL PHONE#: \_\_\_\_\_

2. SCHOOL ADDRESS: \_\_\_\_\_  
Physical Address City and State Zip

\_\_\_\_\_ Mailing Address City and State Zip

3. CONTACT NAME: \_\_\_\_\_ CONTACT PHONE#: \_\_\_\_\_

4. EIN# OR OWNER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

5. DAYS AND HOURS OF OPERATION: \_\_\_\_\_

6. PROPOSED OPENING DATE: \_\_\_\_\_ NUMBER OF STUDENTS: \_\_\_\_\_

7. PLEASE SPECIFY THE # OF STATIONS FOR: BARBERING \_\_\_\_\_ BARBER NONCHEMICAL \_\_\_\_\_  
COSMETOLOGY \_\_\_\_\_ ELECTROLOGY \_\_\_\_\_ ESTHETICS \_\_\_\_\_ MANICURING \_\_\_\_\_

8. Does the school have the required square footage for the school type as required by ARM24.121.801?  Yes  No

9. Does the school have a classroom for theory/basic classes separate from the clinic floor?  Yes  No

10. Does the school have a separate lunchbreak room for students?  Yes  No

11. Does the school have separate restrooms for males and females?  Yes  No

12. Does the school have hot and cold running water connected to a sewer system for all sink and basins?  Yes  No
13. Has the structure where the salon or shop is to be located undergone new construction, remodeling, or a change of use from another type of business?  Yes  No  
If yes to the question above, please submit a copy of the building permit issued by local or state Building officials for the building, or a statement from the building code official that no permit was necessary for construction, remodeling, or change in use.
14. Does the school have legible signs with letters no less than 2" in size with the words, "School of (state type of school)" affixed permanently to the building at all entrances?  Yes  No
15. Does the school have hand washing signs posted in all restrooms?  Yes  No
16. Does the school have liquid soap in all restrooms?  Yes  No
17. Does the school have single use towels or an air dryer in all restrooms?  Yes  No
18. Does the school have non-porous (no carpet) flooring in all services areas to include the dispensary and restrooms?  Yes  No
19. Does the school have legible signs with letters no less than 2" in size with the words, "Student Work Only" posted in each classroom and on the clinic floor?  Yes  No
20. Does the school have a system to keep accurate, verifiable daily attendance records to track student hours?  Yes  No
21. Does the school have 1 instructor for every 25 students?  Yes  No
22. Does the salon/shop have liquid soap dispensers available for hand washing?  Yes  No
23. Does the school have name badges or insignia for the instructors?  Yes  No
24. Is the Blood spill procedure posted?  Yes  No
25. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
26. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
27. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
28. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  Yes  No

29. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
30. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No
31. Have any civil legal proceedings been filed against you by a client, former client, or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  Yes  No
32. Have you ever been convicted of a misdemeanor or felony, or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18<sup>th</sup> birthday unless you were tried as an adult.  Yes  No
33. Have you been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.  Yes  No
34. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.  Yes  No
35. Have you enclosed a completed Attachment A, Personal Survey Form for Owners and Officers, for all owners and/or officers?  Yes  No
36. Have you enclosed completed Attachment C, List of Supplies and Equipment for School?  Yes  No
37. Have you completed and enclosed a detailed, drawn to scale floor plan of the proposed school?  Yes  No
38. Have you enclosed proof of Bond or other security?  
Insurance Bond#: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  Yes  No
39. Have you enclosed a school financial report prepared by a certified public accountant (CPA)  Yes  No

40. Have you completed and enclosed true and accurate copies of school policies, procedures, student contracts, tuition costs and required deposits, including but not limited to policies, procedures and rules addressing:

- Students;
- School Operating Standards;
  - Disciplinary Procedures;
- Permissible attire;
- Ethics/Conduct;
  - Leaves of Absence;
- Attendance;
  - Holidays and School Closures;
- Hours of Operation;
- Refunds;
  - Withdrawals;
- Grounds for Termination;
- Grading Standards;
  - Final Practical Examination & Passing Score;
- Requirements for Satisfactory Progress;
- Release of Information; and
  - Instructional Demonstrations

**SIGNATURES**

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

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date



**6. LIST ALL WORK EXPERIENCE AS A:**

BARBER/BARBER NONCHEMICAL/COSMETOLOGIST/ESTHETICIAN MANICURIST OR ELECTROLOGIST:

(Name of Employer)	(Address)	(Position)	From	To
			(Dates Employed)	
(Name of Employer)	(Address)	(Position)	From	To
			(Dates Employed)	
(Name of Employer)	(Address)	(Position)	From	To
			(Dates Employed)	
(Name of Employer)	(Address)	(Position)	From	To
			(Dates Employed)	

**7. LIST ALL WORK EXPERIENCE AS AN INSTRUCTOR:**

(Name of Employer)	(Address)	(Position)	From	To
			(Dates Employed)	
(Name of Employer)	(Address)	(Position)	From	To
			(Dates Employed)	
(Name of Employer)	(Address)	(Position)	From	To
			(Dates Employed)	

**8. LIST ALL EXPERIENCE CONDUCTING OR MANAGING A SCHOOL, SALON, SHOP OR BUSINESS:**

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**9. LIST 3 INDIVIDUALS NOT RELATED TO YOURSELF, AS REFERENCES:**

(Name)	(Address)	(Phone #)	(Relationship)
(Name)	(Address)	(Phone #)	(Relationship)
(Name)	(Address)	(Phone #)	(Relationship)

Legal Signature of Applicant

Date



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**ATTACHMENT B**  
SCHOOL APPLICATION

**PERSONAL INFORMATION FORM FOR INSTRUCTORS**

As part of the application, you must disclose all instructors. Please complete a separate form for each licensed instructor you plan to employ for the proposed school.

1. NAME OF INSTRUCTOR: \_\_\_\_\_

2. HOME ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

3. HIGHEST EDUCATION LEVEL:  Less than High School  High School or GED  
 Some College  Bachelor's  Masters

4. LICENSE TYPE:  Barber  Barber-Nonchemical  Cosmetologist  
 Electrologist  Esthetician  Manicurist

LICENSE#: \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

5. BARBER/BARBERNONCHEMICAL/COSMETOLOGY/ELECTROLOGY/ESTHETICS/MANICURING EDUCATION:

PLACE AND DATE: \_\_\_\_\_

INSTRUCTOR LICENSE #: \_\_\_\_\_ EXPIRES \_\_\_\_\_

6. LIST ADDITIONAL COURSES RELATING TO THE PRACTICE OR TEACHING OF THE INDUSTRY:

\_\_\_\_\_  
(Course name) (Provider) (State) (Year)

\_\_\_\_\_  
(Course name) (Provider) (State) (Year)

\_\_\_\_\_  
(Course name) (Provider) (State) (Year)

\_\_\_\_\_  
(Course name) (Provider) (State) (Year)

**7. LIST ALL WORK EXPERIENCE AS A BARBER/BARBER NONCHEMICAL/COSMETOLOGIST/  
ESTHETICIAN/ELECTROLOGIST/MANICURIST:**

			From	To
(Name of Employer)	(Address)	(Position)	(Dates Employed)	
(Name of Employer)	(Address)	(Position)	From	To
(Name of Employer)	(Address)	(Position)	(Dates Employed)	
(Name of Employer)	(Address)	(Position)	From	To
(Name of Employer)	(Address)	(Position)	(Dates Employed)	
(Name of Employer)	(Address)	(Position)	From	To
(Name of Employer)	(Address)	(Position)	(Dates Employed)	

**8. LIST ALL WORK EXPERIENCE AS AN INSTRUCTOR:**

			From	To
(Name of Employer)	(Address)	(Position)	(Dates Employed)	
(Name of Employer)	(Address)	(Position)	From	To
(Name of Employer)	(Address)	(Position)	(Dates Employed)	
(Name of Employer)	(Address)	(Position)	From	To
(Name of Employer)	(Address)	(Position)	(Dates Employed)	

**9. LIST ALL EXPERIENCE CONDUCTING OR MANAGING A SCHOOL, SALON, SHOP OR  
BUSINESS:**

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**10. LIST 2 INDIVIDUALS NOT RELATED TO YOU, AS REFERENCES:**

(Name)	(Address)	(Phone #)	(Relationship)
(Name)	(Address)	(Phone #)	(Relationship)

**THIS LICENSED INSTRUCTOR IS EMPLOYED:**

FULL-TIME

PART-TIME

SUBSTITUTE

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Legal Signature of Applicant

Date



**2. PLEASE LIST SUPPLIES AND EQUIPMENT LOCATED ON THE CLINIC FLOOR AREA: (include quantities)**


**3. PLEASE LIST ALL REFERENCE BOOKS, PERIODICALS AND TEXTBOOKS ON REQUIRED SUBJECTS USED IN THE SCHOOL/COURSE AND LIBRARY. (Include quantities of textbooks)**
