



Board of Barbers and Cosmetologists  
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[DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV)

## BARBERS AND COSMETOLOGISTS RENEWAL APPLICATION

### Renewal Window: January 1-March 1

To expedite your license renewal, we encourage you to renew online at [EBIZ.MT.GOV/POL](http://EBIZ.MT.GOV/POL)

FEE SCHEDULE	
Please select the license type you'd like to renew	
<i>A late fee (100% of renewal fee) will be assessed if the renewal is not complete or postmarked on or before March 1.</i>	
<input type="checkbox"/> Barber Renewal	<input type="checkbox"/> Renewal Fee: \$80.00 <input type="checkbox"/> Late Fee: \$160.00 (Renewal Fee + \$80.00)
<input type="checkbox"/> Barber (Non-Chemical) Renewal	<input type="checkbox"/> Renewal Fee: \$80.00 <input type="checkbox"/> Late Fee: \$160.00 (Renewal Fee + \$80.00)
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Renewal Fee: \$80.00 <input type="checkbox"/> Late Fee: \$160.00 (Renewal Fee + \$80.00)
<input type="checkbox"/> Esthetician	<input type="checkbox"/> Renewal Fee: \$80.00 <input type="checkbox"/> Late Fee: \$160.00 (Renewal Fee + \$80.00)
<input type="checkbox"/> Electrologist	<input type="checkbox"/> Renewal Fee: \$80.00 <input type="checkbox"/> Late Fee: \$160.00 (Renewal Fee + \$80.00)
<input type="checkbox"/> Manicurist	<input type="checkbox"/> Renewal Fee: \$80.00 <input type="checkbox"/> Late Fee: \$160.00 (Renewal Fee + \$80.00)

LICENSEE INFORMATION		
If needed, update your address, and provide a current phone number and email address.		
Licensee Name	License Number Being Renewed	
Physical Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Phone Number	Email Address	

**RENEWAL DISCIPLINARY STATEMENT:**

Have any legal or disciplinary actions been instituted against you or any of your professional licenses since either your initial licensure in Montana or since you renewed your license, whichever occurred latest? Montana Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

- YES
- NO

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_