



Board of Barbers and Cosmetologists
 301 S. Park Avenue, Fourth Floor
 PO Box 200513
 Helena, MT 59620
 (406) 444-6880
DLIBSDHELP@MT.GOV

BARBERS AND COSMETOLOGISTS INSTRUCTORS RENEWAL APPLICATION

Renewal Window: January 1-March 1

To expedite your license renewal, we encourage you to renew online at 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"/> Active Instructor Renewal | <input type="checkbox"/> Renewal Fee: \$95.00 <input type="checkbox"/> Late Fee: \$190.00 (Renewal Fee + \$95.00) |
| <input type="checkbox"/> Inactive Instructor Renewal | <input type="checkbox"/> Renewal Fee: \$85.00 <input type="checkbox"/> Late Fee: \$170.00 (Renewal Fee + \$85.00) |

| 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 | |

CONTINUING EDUCATION:

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by 37-1-306 MCA and ARM 24.121.2101 and that I may be audited for compliance with these requirements. I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the rule stated above.

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: _____