



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

INSTRUCTIONS FOR REINSTATEMENT OF LAPSED LICENSE

If you do not renew your license before the expiration date, your license lapses. It is illegal to practice cosmetology or barbering while your license is lapsed.

You may renew a lapsed license for a period of two years after the expiration date by submitting a renewal application online and paying a late fee. However, if your license has been lapsed for more than two years, you must apply for reinstatement of licensure. It is illegal to resume working before a license is issued to you.

To apply for reinstatement, you must submit:

- completed, signed and notarized *Application For Reinstatement Of Lapsed Cosmetology/Barbering License*
- processing fee by check or money order made payable to "State of Delaware". Click on "Fee Schedule" at dpr.delaware.gov/boards/cosmetology

The application requires you to choose one of three methods of reinstatement:

1. **Apprenticeship** – When you choose this method, the reinstatement application is also an application for an Apprentice license. ***You must be approved for the Apprentice license before you begin working as an apprentice!*** The apprenticeship hours required are:

- Cosmetologist or Barber – 1000
- Electrologist or Aesthetician – 200
- Nail Technician - 85

At the end of your apprenticeship, your supervisor must complete and submit a *Verification of Completion of Apprenticeship* form to the Board.

2. **Classroom Hours** – The classroom hours required are:

- Cosmetologist or Barber – 500
- Electrologist or Aesthetician – 100
- Nail Technician - 45

When you complete the hours, the school must submit a certification of satisfactory performance to the Board.

3. **Examination** - Cosmetologists, Barbers, Electrologists and Nail Technicians must re-take the *practical* portion of your professional board examination. Aestheticians must re-take the *written* examination. Contact the testing service, Professional Credential Services, (888) 822-3272 or pcshq.com, to obtain the examination application and candidate information brochure.

When you have met the requirements of the method you chose, the Board will review your application for reinstatement of your license.



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APPLICATION FOR REINSTATEMENT OF LAPSED LICENSE

Choose method of reinstatement (check one):

- I will serve an apprenticeship. I understand that this is also an application for an Apprentice license.
- I will enroll in a registered school to obtain classroom hours.
- I will take the examination.

IDENTIFYING INFORMATION

1. Applicant Name: _____
Last Name First Middle
2. Social Security Number: _____
3. Address: _____
Street City State Zip
4. License Number: _____ 5. Date License Expired: _____

APPRENTICESHIP - Complete this section if you checked apprenticeship as your method.

1. Shop Name: _____ Delaware License Number: _____
2. Address: _____
Street City State Zip
3. Shop Phone: _____ 4. Start Date: _____

You must have an Apprentice license before you begin working as an apprentice.

Shop Owner's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

Supervisor's Delaware License Number: _____ Expiration Date: _____

CLASSROOM HOURS - Complete this section if you checked classroom hours as your method.

1. Name of School _____
2. Start Date: _____

Instructor's Signature: _____ **Date:** _____

Instructor's Delaware License Number _____ Expiration Date: _____

School Owner's Signature: _____ **Date:** _____

EXAMINATION - Complete this section if you checked examination as your method.

Check the examination that you plan to re-take (check one box):

Practical examination for Cosmetologist Barber Electrologist Nail Technician
Written examination for Aesthetician

QUESTIONS – All applicants must complete this section.

1. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
2. Do you have any impairment related to drugs or alcohol that would limit your practice of cosmetology? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
3. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items **no later than 4:30 PM ten full working days before the Board's meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not **complete** within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is **complete**, please allow 4-12 weeks to receive your license.

Affidavit

I certify that the information given by me in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Signature of Applicant: _____ Date: _____

State of _____
County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission expires _____

Signature of Notary Public