

WYOMING BOARD OF COSMETOLOGY

2515 Warren Ave., Suite 302 Cheyenne, WY 82002
Phone Number 307-777-3534 Fax Number 307-777-3681

APPLICATION AND INSPECTION FORM FOR NEW INDEPENDENT CONTRACTOR LICENSE

* Please complete the following application and return it to the Board office with license fee.

* Please provide **salon owner** with completed inspection form prior to working.

1. Independent Contractor licenses expire on August 31st of each year and must be renewed on or before that date. Late fees will be imposed for late license renewals as is stated on the renewal application.
2. An Independent Contractor's license cannot be transferred to another Independent Contractor.
3. If you relocate, take your independent contractor license and inspection sheet with you to the new location and notify the Board of the change.

License Fee: \$75.00

- If you are applying for a new Independent Contractor license in June please send \$93.00, in July \$87.00 and in August \$81.00.
- Prorated fees will cover current year and the following year, no prorate is available prior to June 1st; licenses received prior to June 1st will expire August 31st of the current year.

*Independent Contractors must practice within licensed a salon or in accordance with Wyoming Rule, Chapter 9.

Date _____

Name _____

Personal mailing address: _____ City, State, Zip _____

Personal license # _____ Salon license# _____ Phone Number () _____

Work Number () _____ E-mail address: _____

Salon contracting in _____ City _____

The undersigned says that he/she is acknowledging that the foregoing statements are made in good faith and are true in every respect.

Signature of Licensee

➤ If you are a salon owner, you do not need an Independent Contractor's license

For Board Use Only: *Date Processed* _____

Amount Processed _____

Authorization Code _____

To pay with Credit Card please complete the following form, this information will be shredded after processing.

A processing fee of \$4.00 will be charged for credit card use.

Indicate card using:	Card Number _____ CVVC Code _____ (on back of card)
<input type="checkbox"/> VISA	Expiration Date ____/____/____ Phone Number () _____
<input type="checkbox"/> MASTERCARD	Name on Card _____
<input type="checkbox"/> DISCOVER	Billing Address _____
	Signature _____

INDEPENDENT CONTRACTOR INSPECTION FORM
(COMPLETE AND PROVIDE TO SALON OWNER PRIOR TO EMPLOYMENT)

Name: _____

Personal license number: _____ Independent Contractor license number: _____

Work Area

- Yes ___ No ___ Current personal license displayed in public view
Yes ___ No ___ Independent Contractor license and Inspection sheet displayed at work station
Yes ___ No ___ Licensee is working within scope of practice of license
Yes ___ No ___ Shampoo bowl at wet station (if applicable) is clean and in good repair
 • Disinfectant used _____
Yes ___ No ___ Disinfectant is clean and mixed according to manufactures directions
Yes ___ No ___ Containers are large enough to completely immerse
Yes ___ No ___ All disinfected implements, clean towels, tables, beds and client coverings are stored in disinfected closed, dry cabinets or containers
Yes ___ No ___ Drawers and cabinets are clean and free of debris
Yes ___ No ___ All preparations stored, handled, applied and protected from contamination.
Yes ___ No ___ Hand sanitizer available
Yes ___ No ___ Soiled implements are stored separately from disinfected implements
Yes ___ No ___ I am aware of what prohibited items are not allowed in the salon

Hair

- Yes ___ No ___ Hair services are offered, if no leave this area blank
Yes ___ No ___ Clean neck strip or towel provided and used for each client
Yes ___ No ___ Clean towel provided for each client
Yes ___ No ___ Hair swept from floor after each cut
Yes ___ No ___ All implements disinfected after each use with EPA registered hospital grade disinfectant

Manicure & Pedicure

- Yes ___ No ___ Manicure & Pedicure services are offered, if no leave this area blank
Yes ___ No ___ Nail table will be kept clean
Yes ___ No ___ All implements disinfected after each use with EPA registered hospital grade disinfectant
Yes ___ No ___ Pedicure chair and bowl will be kept clean and disinfected
Yes ___ No ___ Paraffin is clean and free of debris, and used only in single use bag(s)

Esthetics

- Yes ___ No ___ Esthetics services are offered, if no leave this area blank
Yes ___ No ___ Implements used to penetrate the dermal layer of skin
Yes ___ No ___ All implements disinfected after each use with EPA registered hospital grade disinfectant
Yes ___ No ___ Clean table covering, client covering and towels provided for each client
Yes ___ No ___ Wax implements are disinfected and properly stored or disposed of

Waxing

- Yes ___ No ___ Wax services are offered, if no leave this area blank
Yes ___ No ___ All wax implements disinfected after each use with EPA registered hospital grade disinfectant
Yes ___ No ___ All wax implements are properly stored or disposed of

Independent Contractor Signature

Salon Owner Signature