

# Wyoming Board of Cosmetology

2515 Warren Avenue, Suite 302

Cheyenne, WY 82002

Phone: (307) 777-3534 Fax: (307) 777-3681

## New Independent Contractor Application

License Fee: January-May: \$75.00 June: \$93 July: \$87 August: \$81

**Prorated fees (June, July, August) will cover current year and the following year.**

**No prorate is available prior to June 1<sup>st</sup>; applications received prior to June 1<sup>st</sup> will expire August 31<sup>st</sup> of the current year.**

- Send completed application and fee to board office.
- Give completed inspection form to salon owner.
- Independent Contractor licenses expire annually on August 31<sup>st</sup>. Late fees will be imposed for late license renewals.
- An Independent Contractor license cannot be transferred to another individual.
- If you relocate, take your Independent Contractor license & inspection sheet with you to the new location and notify the board office of the change.
- If you are a salon owner, you do not need an Independent Contractor's license.
- 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

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The following information will be shredded after processed.

**There is an additional charge of \$4.00 for all credit card payments.**

CREDIT CARD TYPE                     VISA     MASTERCARD     DISCOVER

CREDIT CARD NUMBER: \_\_\_\_\_

CVC: \_\_\_\_\_ (3 digit # on the back of the card)                    EXPIRATION DATE: MO \_\_\_\_\_ YR \_\_\_\_\_

NAME AS IT APPEARS ON THE CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

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