

## WYOMING BOARD OF COSMETOLOGY

2515 WARREN AVENUE, SUITE 302  
CHEYENNE, WY 82002  
307-777-3534

### Endorsement Requirements and Procedures

#### Requirements:

- Must have a current License from another State
- Be able to obtain Official Certification of Record(s) from the State of your original license and Certification or Verification from any State licensed by Endorsement
- Graduated from a State licensed/authorized Cosmetology School
- Taken a written and practical exam given by the Board of Cosmetology or Testing Company
- Have at least 1600 hours for Cosmetology, 1000 for Hair Stylist, 400 for Nail Technology, or 600 for Esthetician
- If you do not meet the hour requirements listed above you must prove at least one year work history

#### Procedures:

1. Complete and return to the Board office the **notarized** license application along with;
  - a. Copy of current professional license
  - b. Copy of Government issued ID
  - c. Copy of Social Security Card
  - d. Copy of Proof of Lawful Presence (acceptable documentation is listed below)
  - e. Work history, if applicable
  - f. Wyoming Laws, Rules and Regulation Assessment
  - g. Endorsement Fee: \$273.00 (money order, cashier's check, debit card, or credit card only - **no personal checks**)
2. Request all Certifications and/or Verifications from every state you have held a professional license to be sent to the Wyoming Board of Cosmetology

#### **PROOF OF LAWFUL PRESENCE MUST BE INCLUDED WITH THIS APPLICATION**

The Federal Government requires our office to have a copy of 'Proof of Lawful Presence' on file for every licensee. The following list is considered acceptable documentation for proof of lawful presence.

- A photo copy of a certified birth certificate (not a hospital document) issued in or by a city, county, state, or government entity within the United States or its outlying possessions.
- A photo copy of a U.S. certificated of birth abroad (FS-545, DS-135) or a report of birth abroad of a U.S. citizen (FS-240)
- A photo copy of a birth certificate or passport issued from: Puerto Rico, on or before January 13, 1941; Guam, on or after April 10, 1898; U.S. Virgin Islands, on or after February 25, 1927; Northern Mariana Islands on after November 4, 1986; American Samoa; Swain's Island; or District of Columbia.
- A photo copy of a U.S. passport
- A photo copy of a certificate of naturalization
- A photo copy of a certificate of citizenship
- A photo copy of a U.S. citizen identification card
- A photo copy of an individual fee registration receipt (form G-711) that shows that the person has filed application for a new naturalization or citizenship paper (form N-565)
- A photo copy of any other document which establishes a U.S. place of birth or indicates U.S. citizenship.

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**TAKEN FROM: WYOMING BOARD OF COSMETOLOGY STATUTE, RULES AND REGULATIONS**

**33-12-132**

**LICENSURE BY ENDORSEMENT**

An applicant for a license to practice or instruct cosmetology, nail technology, esthetics, or hair styling in Wyoming who is a qualified and currently licensed cosmetologist, nail technician, esthetician, hair stylist, or instructor in another state, upon submitting an application to the board, a certification from the board or licensing agency of the state in which the applicant is licensed, proof of meeting the requirements of this section and payment of the required fee, may receive a cosmetologist, nail technician, esthetician, hair stylist, or instructor license by endorsement without examination in this state. An applicant from another state which does not require a board examination for licensure, or an applicant who did not attend a cosmetology, nail technology, esthetics, hair styling, or instructor school meeting requirements of the rules of the board and the licensing entity of the state in which the school is located, shall not obtain a Wyoming license by endorsement. An applicant from another state who has not practiced cosmetology, nail technology, esthetics or hair styling full time for at least one (1) year prior to application shall obtain a Wyoming license by endorsement only if he was licensed under requirements which the board determines to be at least equal to those established pursuant to this act.

**33-12-133**

**FOREIGN APPLICANTS**

Applicants licensed or trained in a foreign country shall present an English translation of the requirements they met in that country. The credentials shall be presented to the board for consideration, and a determination as to what requirements are necessary to obtain a license in Wyoming.

**For Office Use Only:**

License Type \_\_\_\_\_

Date of Original License \_\_\_\_\_

License Number \_\_\_\_\_

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2515 Warren Ave., Suite 302, Cheyenne WY, 82002

(307) 777-3534 [www.cosmetology.wy.gov](http://www.cosmetology.wy.gov)

**LICENSE APPLICATION**

**\*Refer to the Qualifications, Requirements and Procedures to obtain a Wyoming License**

**Endorsement Fees:**

- Must be submitted in the form of a Money Order, Cashier's Check, Credit or Debit Card payment (credit card form enclosed) Personal checks will **not be** accepted

Endorsement Fee: \$ 225.00 (Law Book Included)  
 License Fee \$ 48.00  
 TOTAL \$273.00

\*\*\* No refunds, Chapter 1, Section 2 State Rules and Regulations \*\*\*

TYPE OF LICENSE APPLYING FOR: COSMETOLOGIST \_\_\_ HAIR STYLIST \_\_\_ NAIL TECH \_\_\_ ESTHETICIAN \_\_\_ INSTRUCTOR \_\_\_ WAX TECH \_\_\_

NAME IN FULL \_\_\_\_\_ (\_\_\_\_\_)

CURRENT MAILING ADDRESS: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
(Please notify the office of any change)

PHONE (\_\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MALE ( ) FEMALE ( ) EMAIL ADDRESS \_\_\_\_\_

From which state(s) do you now or have ever held a license \_\_\_\_\_

**You must have your license before you become engaged in any practice regulated by the State of Wyoming and it must be posted at your place of employment.**

1. Has any state(s) rejected your application or disciplined, restricted, revoked or suspended your license? Yes \_\_\_\_\_ No \_\_\_\_\_
  2. Have you ever voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? Yes \_\_\_\_\_ No \_\_\_\_\_
  3. Have you ever been convicted of any felony? Yes \_\_\_\_\_ No \_\_\_\_\_
  4. Do you now use, or within the last five (5) years have you used, alcoholic beverages habitually to excess? Yes \_\_\_\_\_ No \_\_\_\_\_
  5. Do you now use, or within the last five (5) years have you used hallucinogenic, barbiturates, narcotics of any controlled substance habitually to excess? Yes \_\_\_\_\_ No \_\_\_\_\_
- (If you answered 'Yes' to any of the above questions, please attach a detailed explanation including state(s) and outcome)

**AFIDAVIT AND NOTARIZATION**

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF LICENSEE  
(Must Be Witnessed by a Notary)

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

NOTARY SEAL

SIGNATURE \_\_\_\_\_  
NOTARY PUBLIC \_\_\_\_\_ EXPIRES \_\_\_\_\_

# WYOMING BOARD OF COSMETOLOGY

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## Wyoming Laws, Rules and Regulation Assessment

Please answer the following questions pertaining to Wyoming Laws, Rules and Regulations. Information pertaining to the following questions may be found on our website at <http://cosmetology.wy.gov>. This assessment must be returned to the Board office with all Endorsement and Reinstatement applications prior to approval.

Correct answers will be provided with your Wyoming license.

1. Prior to use on any client, porous items must be disinfected. True or False
  2. Hands only need to be thoroughly washed prior to every client. True or False
  3. All disinfectant solution must be changed per the manufacturer's label or sooner if contaminated. True or False
  4. Disinfected implements must be stored in a disinfected, dry covered container. True or False
  5. In the event of a blood exposure, all soiled items must be bagged prior to disposing. True or False
  6. Trash receptacles do not need lids. True or False
  7. Hand sanitizers shall be provided in all work areas. True or False
  8. There are no prohibited items in Wyoming. True or False
  9. Open food and drink are allowed in the work area. True or False
  10. Licenses, rules, and notices shall be displayed in an unobstructed area of the salon. True or False
  11. If the license expires the licensee can work during the 90 day grace period. True or False
  12. The Wyoming Law book defines scope of practice for each license type. True or False
  13. Independent Contractors are solely responsible for all common areas of the salon. True or False
  14. Labeled disinfectant shall be kept at the shampoo bowl and used after each client. True or False
  15. Implements including handles must be completely immersed in disinfectant. True or False
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## PROOF OF WORKING EXPERIENCE

### TO BE COMPLETED ONLY IF YOU DO NOT MEET THE HOUR REQUIREMENTS FOR A WYOMING COSMETOLOGY LICENSE

Applicant must have practiced cosmetology, nail technology, and/or esthetics in a salon for one year (at least fifty 50 weeks with no less than thirty six 36 hours practice per week). Employment at one or more salons may be combined to meet the qualifications. This form must be completed by the employer and signed in front of a Notary.

**\*If self-employed please provide the Board office with one year tax forms to show proof of a year's employment.**

This is to certify that \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Name

was employed as a ( ) Cosmetologist ( ) Hair Stylist ( ) Nail Tech ( ) Esthetician

From: \_\_\_\_\_

To: \_\_\_\_\_

Name of Salon \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Employer's Statement: **All information herein provided is true in every respect**

Employer's Name \_\_\_\_\_ (Please Print)

### AFFIDAVIT AND NOTARIZATION

The undersigned being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYER  
(Must Be Witnessed by a Notary)

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

SIGNATURE \_\_\_\_\_

NOTARY PUBLIC

EXPIRES

NOTARY SEAL

