

**IDAHO STATE BOARD OF COSMETOLOGY
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
BOISE, IDAHO 83720-0063**

APPLICATION FOR EDUCATION, PRACTICE, AND DEMONSTRATION PERMIT

I hereby apply for a permit to temporarily __Practice __ Demonstrate or __ Teach cosmetology (check one):

Please be sure that all of the following objective requirements for a permit to practice, demonstrate, or teach cosmetology have been met. Submit the following checklist with your application. Only one application is needed per event.

Yes	No	Requirement
<input type="checkbox"/>	<input type="checkbox"/>	Name of Event
<input type="checkbox"/>	<input type="checkbox"/>	Address of Event
<input type="checkbox"/>	<input type="checkbox"/>	Dates of event
<input type="checkbox"/>	<input type="checkbox"/>	Explanation of event type of demonstration
<input type="checkbox"/>	<input type="checkbox"/>	Name of Applicant/Event sponsor
<input type="checkbox"/>	<input type="checkbox"/>	Mailing address, phone number, SS or EIN, e-mail address of applicant
<input type="checkbox"/>	<input type="checkbox"/>	Copy of license for applicant/participants
<input type="checkbox"/>	<input type="checkbox"/>	Notarized signature of applicant

Sanitation requirements if event is held outside

<input type="checkbox"/>	<input type="checkbox"/>	Access to restroom facilities
<input type="checkbox"/>	<input type="checkbox"/>	Water supply or comparable substitute, sanitizer, disinfectant, single-use towelettes, disposable facial wipes, bottled water, etc
<input type="checkbox"/>	<input type="checkbox"/>	First-aid kit readily accessible
<input type="checkbox"/>	<input type="checkbox"/>	Cutting, braiding, arranging, etc. only – No use of chemicals that alters the internal structure of the hair

**APPLICATION FOR EDUCATION, PRACTICE
AND DEMONSTRATION PERMIT
Continued**

Sponsoring Entity/Applicant Name _____ License Number if Individual _____
(please attach a copy of your current license)

Applicant Mailing Address _____
street city state zip

Applicant Phone # _____ SS # or E.I.N # _____ E-mail address _____

Name of Event _____

Address of Event _____
street city state zip

Name of Individual or Entity(s) Sponsoring event if different from above _____

to be held from _____ to _____, inclusive.
beginning time & date ending time & date

Please provide a detailed explanation of event and what is to be performed:

Application should be received at the Bureau thirty (30) days prior to the time and date of the demonstration or instruction, but not less than seven (7) business days.

If applying as a sponsoring entity, I hereby make application for Demonstrator Permits for the following persons (additional pages may be attached if necessary):

Name _____	Name _____

A copy of the current license for each name listed above must be attached.

NOTE: If event is to be held outside of a facility, then a brief explanation as to what services will be done and how sanitization will be maintained must be attached.

I hereby certify that those, for whom permits are sought, have presented themselves as currently licensed to practice or teach cosmetology in Idaho in another state; I further certify that I have read and agree to abide by the Idaho Laws & Rules governing the practice of cosmetology; I further certify that prior to any demonstration or instruction at the event noted I will inform each of the persons named above of the sanitary rules for shops and schools; I further certify that all services provided at the event noted above will be for educational or demonstration purposes only; I further certify that during the event noted the required facilities and products necessary to properly clean and sanitize instruments will be available to the persons named above; Said facilities and products shall include access to hot and cold running water and restroom facilities, and board approved hospital grade sanitation products which are evident and in use; I further certify that the information recorded hereon is correct to the best of my knowledge and belief. If signing as an authorized agent, I certify that I am authorized to sign this application on behalf of the licensee.

Print applicant name

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

The State of Idaho Cosmetology Laws and Rules may be downloaded at: www.ibol.idaho.gov