



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 License*
- processing fee by check or money order made payable to "State of Delaware". Click on "Fee Schedule" at [dpr.delaware.gov/boards/cosmetology](http://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. If you choose this option, the Board office will send you the exam registration form and candidate information.

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. Address: \_\_\_\_\_  
Street City State Zip
3. License Number: \_\_\_\_\_ 4. Date License Expired: \_\_\_\_\_
5. Have you been issued a U.S. Social Security Number? Yes  No 
  - If Yes, enter your SSN: \_\_\_\_\_
  - If No, you must file a *Request for Exemption from Social Security Number Requirement*.
6. Date of Birth (month/day/year): \_\_\_\_\_

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

7. Shop Name: \_\_\_\_\_ Delaware License Number: \_\_\_\_\_
8. Address: \_\_\_\_\_  
Street City State Zip
9. Shop Phone: \_\_\_\_\_ 10. 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.**

11. Name of School \_\_\_\_\_ 10. 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.**

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

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

**DISCLOSURES – All applicants must complete this section.**

13. 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.**
14. 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.**
15. 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.**

**If Board review of your application is required, 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