



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Barbers and Cosmetologists

Toney Anaya Building ▪ P.O. Box 25101 ▪ Santa Fe, New Mexico 87505

(505) 476-4622 ▪ Fax (505) 476-4665 ▪ http://www.rld.state.nm.us/boards/Barbers_and_Cosmetologists

APPLICATION FOR LICENSURE BY RECIPROCITY

You are prohibited from practicing as a barber, cosmetologist, manicurist and/or pedicurist, esthetician, or electrologist until you have obtained a license for such practice in the State of New Mexico. The fee for Licensure by Reciprocity is \$150. We accept money orders, and cashier's checks, HOWEVER, WE DO NOT ACCEPT PERSONAL CHECKS. ALL FEES ARE NON-REFUNDABLE.

★All licensing information provided is public information.

REQUIREMENTS FOR LICENSURE BY RECIPROCITY

If you do not meet all of the listed requirements, you may be required to take the state board practical and written exam.

The following items must be included with this application in order to avoid processing delays.

1. Applicant ***must have training hours and/or qualifications*** equivalent to or exceeding those required for licensure in New Mexico:

Barber 1200 Hours	Cosmetologist 1600 Hours	Electrologist 600 Hours	Esthetician 600 Hours
Manicurist/Pedicurist 350 Hours	Manicurist/Esthetician 600 Hours	Instructor 1000 Hours	

Applicants that do not meet the New Mexico hourly requirements may receive ***150 hours credit for each six full months*** of licensed experience. Current, work experience ***must be verified in a notarized statement from an employer with specific work dates.*** Work experience less than six full months will not be considered toward training hours. To obtain any license by reciprocity, no more than fifty percent of the hours required for licensure by in-state applicants may be obtained by work experience. Apprenticeship training hours will be considered on an individual case basis and will not be credited for more than fifty percent of the hours required for licensure by in-state applicants.

2. ***An affidavit from the state regulatory agency*** verifying that the applicant holds a current license and is in good standing with the state. ***This affidavit must have the State Board Seal. Do not send a copy.*** If not a licensee, the applicant must provide a certified transcript for the course of study or an affidavit of hours from the regulatory agency or school attended and must submit to the New Mexico examination for licensure.

3. ***Proof of education*** equivalent to the completion of the second year of high school.

4. A recent (within three months), front-view, head only photograph. The photo must be at least 1.5" x 1.5" and no larger than 2" x 3".

5. ***Proof of age.*** A photocopy of your driver's license is acceptable. ***Do not send originals.***

6. Applicants must take and pass the State of New Mexico jurisprudence exam (www.rld.state.nm.us/barberscosmetologists)

7. Licensure by Reciprocity fee of ***\$150 non-refundable fee. Do not send cash or personal checks. We accept money orders, and cashier's checks. Please mail to: New Mexico Board of Barbers and Cosmetologists, P.O. Box 25101, Santa Fe, NM 87505.***

8. ***FOREIGN TRAINED APPLICANTS: Any foreign indicated person who meets the requirements set forth in 16.34.2.8 NMAC may apply for a New Mexico license by examination. Please refer to 16.34.3.13. If you meet the requirements, please call 1-888-822-3273 to schedule and pay for your exam. YOU DO NOT NEED TO COMPLETE AN APPLICATION FOR RECIPROCITY. If you do not meet the requirements, you must attend a Board Approved School.***

APPLICATION FOR LICENSURE BY RECIPROCITY

Print clearly and use blue or black ink only. Incomplete applications will be returned. All licensing information provided is public information. ALL FEES ARE NON-REFUNDABLE.

I am applying for Licensure by Reciprocity for (check one):

- Barber
- Esthetician
- Manicurist/Esthetician
- Instructor
- Cosmetologist
- Manicurist/Pedicurist
- Electrologist

APPLICANT INFORMATION

Name (last, first, middle initial): _____

Street address: _____

City, state, zip code: _____

Date of birth: _____ Social Security Number: _____ Phone: _____

SCHOOL INFORMATION (Barber/Cosmetology/Electrology/Esthetics/or Specialty School)

School name/type: _____

School street address: _____

School city/state/zip code: _____

Date enrolled: _____ Date completed: _____ Hours accrued: _____

This form must be signed in the presence of a Notary Public.

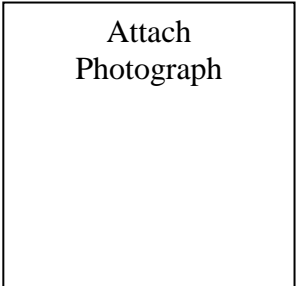
I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant Date

STATE OF _____, County of _____

_____, being duly sworn, say that he/she is the person(s) referred to in this application and that the statements therein contained are true in every respect.

Subscribed and sworn to before me this _____ day of _____, 20____. Witness my hand and seal hereunto attached.



Signature of Notary Public

My Commission Expires