

INSTRUCTION SHEET

BARBER

Restoration

Please use these instructions if your license has been on inactive status, or in a non-renewed status, for five (5) or more years.

***For your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

To apply for licensure as an Illinois Barber under the provisions of the Illinois Barber, Cosmetology, Esthetics and Nail Technology Act of 1985, select the method of application for which you qualify and follow each of the steps below in the order they are listed. This will aid you in accurately completing your application and thus eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** If you are issued an Illinois Barber license, please be advised your license will expire on July 31 of every odd-numbered year.

RESTORATION OF LICENSE - BARBER

These Barber Instructions apply only to those barbers whose licenses have been on inactive status, or in non-renewed status, for five (5) or more years.

If your license has been inactive, or in non-renewed status, for less than five (5) years, you should contact the Department of Financial and Professional Regulation at 1-800-560-6420, TTY: 1-866-325-4949 for detailed instructions on how to restore it to active status.

***For your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

There are three ways to qualify for the restoration of your license:

- 1) If you have been lawfully practicing barbering in another jurisdiction within the five (5) years immediately preceding submission of this application for restoration, you may submit verification of licensure in that jurisdiction and verification of your lawful practice.
- 2) If you have not been practicing in another jurisdiction, you must either complete a **250-hour** barber refresher course; **OR**, take and pass the Illinois barber licensure examination. Prior approval for the examination option is required as indicated on the instructions on page 2.

OR

- 3) If you are restoring a license within two (2) years of separation from **Honorable Active military service**, please see Section C on page 2.

Step I - Application

A. If your application is based upon LAWFUL PRACTICE, you must submit all of the following:

1. A completed **APPLICATION FOR RESTORATION (REST)**.
2. Official certification/verification of licensure completed by the jurisdiction where you have most recently been practicing. Please note, a copy of your current license will not meet this certification/verification requirement. You may use the attached Supporting Document **CT (Certification of Licensure)** to meet this requirement.
3. Supporting Document **Verification of Employment/Experience (VE-COB)** must be completed from at least **three (3)** employers, co-workers **or** clients. The verification must demonstrate two (2) years of lawful practice within the five (5) years immediately preceding submission of this application.

B. If your application is based upon completion of a REFRESHER COURSE OR EXAM, you must submit all of the following:

1. A completed **APPLICATION FOR RESTORATION (REST)**.
2. **Section IV** (Statement of Restoration Method) on the **Application for Restoration (REST)** indicating your method of restoration must be completed.
 - a. If you selected the refresher course, submit an official transcript by the licensed barber or cosmetology school, approved to teach barbering, verifying successful completion of a 250-hour refresher course. A refresher course completed more than two (2) years before application submission will not be accepted.
 - b. If you selected examination, you will be notified of the examination fee and test dated. **DO NOT SUBMIT AN APPLICATION TO THE TESTING SERVICE UNTIL YOU ARE NOTIFIED BY THE DEPARTMENT.**

C. If you are restoring your license within two (2) years of separation from Honorable Active military service, you must submit the following:

1. A completed **APPLICATION FOR RESTORATION (REST)**.
2. A copy of your **DD214 Member-4**.

STEP II - Fee

Please use the Restoration/Reinstatement Fee Calculator to calculate your restoration fee.

Fee payment must be in the form of a check or money order payable to IDFPR, or by submitting a payment online using the ePay Portal at:

<https://idfpr.illinois.gov/epay.html>

STEP III - Mail Application

Mail your application for restoration, supporting documents and payment to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
PO Box 7450
Springfield, IL 62791

Need Assistance

If you need assistance, please contact the Department of Financial and Professional Regulation at:

1-800-560-6420 TTY: 1-866-325-4949

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

APPLICATION FOR RESTORATION

SUPPORTING DOCUMENT

REST

APPLICANT: Complete this form, and return it with the supporting documents and required payment.

PART I: Application Category Information

Check the box indicating the appropriate information regarding your application.

Military
 Military Spouse
 Not Military
 Decline to Answer

Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

PART II: Application Identifying Information

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SSN OR ITIN ____ - ____ - ____
4. TELEPHONE NUMBER WORK (_____) _____ - _____ HOME (_____) _____ - _____ <small>(Area Code)</small>		
5. E-MAIL ADDRESS	<input type="checkbox"/> I consent to professional organizations having my email address.	
6. ADDRESS STREET, CITY, STATE, ZIP CODE	7. Record profession name and three digit profession code for which you are making Illinois application. _____ _____ Profession Name Profession Code	
8. MAIDEN OR GIVEN SURNAME	10. ISSUANCE DATE OF EXPIRED OR INACTIVE LICENSE	
9. NAME AS IT APPEARS ON EXPIRED/INACTIVE LICENSE	11. DATE EXPIRED OR PLACED INACTIVE	12. EXPIRED OR INACTIVE LICENSE NUMBER
OFFICIAL USE ONLY		
License No.: _____ Fees: \$ _____ Issuance Date: _____ On CRT: <input type="checkbox"/> Yes <input type="checkbox"/> No		

PART III: Record of Licensure Information

LIST THE STATE(S) AND DATES WHERE YOU HAVE BEEN PRACTICING SINCE YOUR ILLINOIS LICENSE EXPIRED OR WAS PLACED ON INACTIVE STATUS. INCLUDE A BRIEF DESCRIPTION OF DUTIES PERFORMED.

STATE	NAME OF BUSINESS/INSTITUTION	DATES		DESCRIPTION OF DUTIES
		From Mo/Yr	To Mo/Yr	

PART IV: Statement of Restoration Method

Please refer to your restoration directions to determine if you need to complete this section.

If you are unable to restore your license based on lawful practice in another jurisdiction, then you must notify the Department that you wish to complete a refresher course or take and pass the Illinois exam that is specific to your profession.

Choose one of the options below, if applicable.

- I wish to take a refresher course specific to my profession. I will submit an official transcript from an approved school verifying successful completion of the required hours of instruction in the basic curriculum for the professional license I wish to restore. I understand that Illinois schools must be licensed by the Department and schools located outside of Illinois must be recognized and authorized to operate in the jurisdiction where the school is located.
- I wish to take the required examination specified in my profession's rules. I understand that upon receipt and processing of my restoration application, the Department will forward my application to the testing service. The Department will also e-mail to me an approval letter authorizing me to take the examination and providing instructions to register for the examination. **DO NOT SUBMIT AN APPLICATION TO THE TESTING SERVICE UNTIL YOU ARE NOTIFIED BY THE DEPARTMENT.**

PART V: Personal History Information (This part must be completed by all applicants)

YES NO

1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. *If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.*
2. Have you been convicted of a felony? *In general, a felony conviction by itself does not usually result in denial of licensure.*
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? *If yes, attach a copy of the certificate.*
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*

PART VI: Child Support and Tax Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**
Are you more than 30 days delinquent in complying with a child support order? Yes No
(NOTE: If you are not subject to a child support order, answer "no.")
2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."
Are you delinquent in the filing of state taxes? Yes No
3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."
Are you delinquent in complying with workers' compensation obligations Yes No
4. Do you certify you have fully complied with this profession's continuing education requirements? Yes No
NOTE: Continuing education is not required for the first renewal of this license. If this is your first renewal, please answer (Yes) to this question.
Making a false statement may subject the licensee to disciplinary action.
You may verify the continuing education requirements of your profession here: <https://idfpr.illinois.gov/rules2015.html>

PART VIII: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. **I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.**

Payment Method

- Check / Money Order. Check Number: _____
- Online. Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of _____. Approved #: _____

Signature of Applicant

Date

NAME (Last, First, MI):

SSN OR ITIN:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

CERTIFICATION BY LICENSING AGENCY / BOARD

SUPPORTING DOCUMENT

CT

APPLICANT: Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting certification by a licensing agency/board. Contact certifying jurisdiction for appropriate fee. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month Day Year	3. SSN OR ITIN - - - - - . - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. _____ Profession Name _____ Profession Code	
6. MAIDEN OR GIVEN SURNAME	7. APPLICANT TELEPHONE NUMBER (Daytime) Area Code (____) _____ - _____	
8a. RECORD PROFESSION NAME AS IT APPEARS ON YOUR LICENSE FROM THE JURISDICTION TO WHICH THIS FORM IS BEING FORWARDED. (If applicable)	8b. LICENSE NUMBER (If applicable)	8c. ISSUANCE DATE OF LICENSE (If applicable)

I hereby authorize _____ to furnish to the Illinois Department of Financial and Professional Regulation or its designated testing service, the information requested below.
Name of Licensing Agency or Board

Signature _____ Date _____

RETURN COMPLETED FORM TO APPLICANT

LICENSING AGENCY: The Illinois Department of Financial and Professional Regulation will accept other forms of certification provided all applicable information requested on this form is contained in the certification. Please record N/A in areas which are not applicable.

PART I - CERTIFICATION OF EXAMINATION STATUS

A. The applicant has written is scheduled to write the following examination:
_____ Name of Examination _____ Date of Examination

B. The applicant has or will have written the above-named examination _____ number of times.

PART II - CERTIFICATION OF LICENSURE

A. NAME OF PROFESSION AS IT APPEARS ON LICENSE	B. LICENSE NUMBER
C. ISSUANCE DATE OF LICENSE	D. EXPIRATION DATE OF LICENSE
E. LICENSURE METHOD	
<input type="checkbox"/> Examination (Administered in Your State) <ul style="list-style-type: none"> <input type="checkbox"/> National (Name) _____ <input type="checkbox"/> State Constructed _____ <input type="checkbox"/> Other (Name) _____ <input type="checkbox"/> Endorsement of License (State) _____ Acceptance of Examination Results _____ (Administered in Another State)	
<input type="checkbox"/> Reciprocity with (State) _____ <input type="checkbox"/> Waiver/Grandfather <input type="checkbox"/> Credentials <input type="checkbox"/> Other (Describe) _____	

F. CURRENT LICENSURE STATUS	G. IF LICENSED BY EXAMINATION, RECORD SCORES
<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other (Explain) _____ _____ _____	Type of Examination Score Written _____ Practical _____ Other (Describe) _____ _____ Received no Grade Below _____ Examination Period ____ days ____ hours

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score _____	Raw Score _____
Standard Deviation _____	Corrected Score _____
National Mean _____	Percent Score _____

A 2

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

A. Is there now or has there ever been any formal action commenced against the applicant? Yes No

B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

SEAL

Print Name

Title

Agency/Board Street Address

City, State, ZIP Code

Signature

Date

Area Code ()

Telephone Number

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 410 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT/EXPERIENCE

SUPPORTING DOCUMENT

VE-COB

APPLICANT: *Complete the applicant section of this form. Forward the form to an employer, or client who has personal knowledge of your practice.*

1. NAME LAST FIRST MIDDLE			2. DATE OF BIRTH ____ / ____ / ____ Month Day Year		3. SSN OR ITIN ____ - ____ - ____	
4. ADDRESS STREET, CITY, STATE, ZIP CODE (P.O. Box alone is not acceptable)			5. PROFESSION NAME, PROFESSION CODE. _____ Profession Name Profession Code			
6. MAIDEN OR GIVEN SURNAME			7. ILLINOIS LICENSE NUMBER (Restoration applicants only)			

DECLARANT: *Complete the remainder of this form.*

PART I

A. NAME OF DECLARANT	B. RELATIONSHIP TO APPLICANT <input type="checkbox"/> Employer <input type="checkbox"/> Client
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PART II

A. PRACTICE PERFORMED BY APPLICANT <input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetics <input type="checkbox"/> Barbering <input type="checkbox"/> Nail Technology	B. DATES OF APPLICANT'S PRACTICE From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year Month Day Year
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C. LOCATION OF APPLICANT'S PRACTICE (salon name, street address, city, state, zip code)

D. PROFESSIONAL SERVICES PERFORMED BY APPLICANT

I do hereby declare that the information I have recorded hereon is true and correct.

Signature of Declarant

Date Signed

Street Address of Declarant

City, State, Zip Code of Declarant