

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://drl.wi.gov>

## BARBERING AND COSMETOLOGY EXAMINING BOARD

### INSTRUCTIONS FOR OBTAINING LICENSURE BY RECIPROCITY

#### **A. Requirements for Licensure by Reciprocity**

Chapter 454.13 of the Wisconsin Statutes states: "Licensees of other jurisdictions. (1) Upon application and payment of the fee specified in sec. 440.05(2), the examining board may issue a license to practice barbering or cosmetology, aesthetics, electrology or manicuring or to practice as a manager to an applicant who is licensed in another state or territory of the United States or in another country to perform services which are substantially the same as those performed by licensees in this state and to who either of the following applies:

- (a) The applicant has at least 4,000 hours of experience in licensed practice, has never been disciplined by the licensing authority of another jurisdiction and is not a party to a proceeding before the licensing agency in which it is alleged that the applicant was negligent in the licensed practice or violated the law relating to the licensed practice"

**NOTE: Any applicant who does not meet the above licensure and experience requirements must graduate from a barbering and cosmetology school licensed in Wisconsin. Wisconsin Statutes do not allow for exemptions from the above requirements.**

#### **B. Required Information To Be Submitted**

1. Application for Licensure (Form #1681).
2. The reciprocity fee listed below must accompany the completed application. Please make check or money order payable to Department of Regulation and Licensing.

Practitioner	\$	82.00
Manager	\$	82.00
Manicurist	\$	82.00
Electrologist	\$	82.00
Aesthetician	\$	82.00

3. Verification of Employment (Form #1682) to verify 4,000 hours of licensed practice, must be completed in its entirety by the manager/owner of the licensed establishment. Any alterations will void this form.
4. Verification of Self-Employment (Form #2168) should **only** be completed if you owned a barbering or cosmetology establishment; **not** if you were employed by another establishment. This form should be submitted with your application.
5. Certification (Form #373) to be completed by **each** state in which you have been issued a license. You must hold a current license in at least one state. The certification form must be sent by the state directly to our office.
6. If you are licensed in another country, you must submit acceptable documentation that you have met the legal requirements for practice in that country. Sources of acceptable documentation include - but are not limited to - a notarized copy of your license from the government office responsible for licensure, or a notarized statement from an embassy official for the country where you are licensed describing the requirements for practice and attesting that you meet those requirements.

If you are submitting documents in a language other than English, it is your responsibility to include translations into English for all documents submitted. You must submit both the document in the language of its country of origin and the translation. Documents cannot be translated by the applicant or by family members. Translators must provide a signed statement including contact information, attesting to their qualifications, and attesting to the accuracy of the translation.

# Wisconsin Department of Regulation & Licensing

## C. Wisconsin Statutes and Administrative Code

A copy of the Wisconsin Statutes and Administrative Code Relating to the Practice of Barbering and Cosmetology is available on the web at <http://drl.wi.gov> or at most public libraries. If you wish to purchase a copy, you may purchase a hard print copy from Document Sales, Department of Administration. Information for ordering a codebook may be found at <http://drl.wi.gov/includes/catalog.htm>, by calling Document Sales at 800-362-7253 or 608-264-9419 or by email at [docsales@doa.state.wi.us](mailto:docsales@doa.state.wi.us).

THE "APPLICATION FOR LICENSURE BY RECIPROCITY" (FORM #1681), SHOULD ONLY BE SUBMITTED IF YOU HAVE COMPLETED THE RECIPROCAL REQUIREMENTS LISTED ON PAGE 1.

The license will expire on March 31 of the odd numbered year.