



**NEW MEXICO  
STATE BOARD OF  
BARBERING AND COSMETOLOGY**



**EXAMINATION & LICENSURE  
APPLICATION**

Please complete this application form and mail to Professional Credential Services (PCS) at the address on the *Payment Form*. For the practical examination, your application and ALL documentation must be RECEIVED no later than 15 business days prior to the practical examination date you wish to take. Applications are processed daily for theory examinations administered at PSI Testing Centers. Late or incomplete applications will be processed for the next scheduled practical examination. If you have not received an admission notice within seven (7) days prior to the examination date, call PCS at 888-822-3272 to make an inquiry. For more information, please review the *Candidate Information Bulletin* at [www.pcshq.com](http://www.pcshq.com). As of October 4, 2007 temporary licenses will no longer be available in the state of New Mexico.

**1. APPLICATION CHECKLIST**

Please check that the following is complete and enclosed in your envelope prior to mailing:

- Section 2 (Personal information – Social security number and date of birth must be entered in this section)
- Section 3 (Examination(s) must be selected)
- Section 4 (Correct fees must be attached or credit card information provided)
- Section 5 (If taking practical examination, site and month **MUST** be selected)
- Section 6 (Language Preference)
- Section 7 (If requesting accommodations, all documentation must be attached to application)
- Section 8 (Basis for qualification marked; School hours completed)
- Section 9 (Must read, select box and sign) 2 x 2 photo must be attached to end of application in 2 x 2 box.

**\*NOTE: Candidates must register with the full legal name as it appears on their government issued identification. The name on the identification must be the same as the name used to register for the examination.**

**\*\*For a list of required documentation to be submitted to PCS, refer to the most updated Candidate Information Bulletin at [www.pcshq.com](http://www.pcshq.com).**

**2. TYPE OR PRINT LEGIBLY IN INK**

\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Miss. \_\_\_ Ms.

Name (First, MI, Last) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address or Box Number \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

City, State, ZIP Code (\*Please spell out entire name of CITY – No abbreviations) \_\_\_\_\_

Home Phone Number \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_  
Date of Birth

\_\_\_\_\_ E-mail address

\_\_\_\_\_ Former Name

**3. PLEASE CHECK EXAMINATION TYPE YOU ARE APPLYING FOR (First Time Applicants ONLY)**

\*Re-Exam candidates must call 1-888-822-3272 to re-apply. Please be prepared to pay over the phone with a MasterCard or Visa.

**License Type:**  Barber  Esthetician  Instructor  Cosmetologist  Electrologist  Manicurist/Pedicurist

**Crossover:**  Cosmetologist to Barber  Barber to Cosmetologist

\*If you are applying for the **Manicurist/Esthetician** license, you must take and pass both the Manicurist/Pedicurist and Esthetician examinations. A separate application for the Manicurist/Pedicurist and Esthetician examinations must be submitted to PCS.

**Examination Type:**  Theory and Practical  Theory ONLY  Practical ONLY

**REINSTATEMENT:** If you hold a New Mexico license that has been expired for less than 1 year do not fill out this application. **Contact the NM state board**

- I hold a New Mexico license that has been expired for less than 5 years Expired License # \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_
- I hold a New Mexico license that has been expired for more than 5 years Expired License # \_\_\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

**4 Fees**

Theory and Practical \$175

Theory ONLY \$115

Practical ONLY \$60

**5. PRACTICAL EXAMINATION SITES**

Complete applications must be received 15 business days prior to the examination date of the practical examination site you select. **\*A current list of practical examination dates and deadlines are available online at [www.pcsq.com](http://www.pcsq.com)\***

**Please select the area in which you wish to take the practical examination (the exact location will be identified on your admission notice, which you will receive approximately 7-10 business days prior to the examination date):**

- Albuquerque area
- \*Las Cruces area\*
- \*Farmington area\*
- \*Roswell area\*

**Please select a month:**

JAN \_\_\_ FEB \_\_\_ MAR \_\_\_ APR \_\_\_ MAY \_\_\_ JUN \_\_\_ JUL \_\_\_ AUG \_\_\_ SEP \_\_\_ OCT \_\_\_ NOV \_\_\_ DEC \_\_\_

**6. LANGUAGE PREFERENCE FOR THEORY EXAMINATION:** If no language is selected you will automatically be given an English examination.

English

Spanish

**7. SPECIAL ACCOMMODATIONS FOR CANDIDATES WITH DISABILITIES (ADA)**

- Check **ONLY** if you are requesting special accommodations. You may obtain an ADA Accommodations Form online at [www.pcsq.com](http://www.pcsq.com) or from your school. All required documentation **MUST** be included with this application.

**8. SCHOOL INFORMATION - Training in Cosmetology, Barbering and related fields:**

**Applications will not be accepted until training has been completed and an official training affidavit or school transcript is submitted to PCS.**

**9. INFORMATION CONSENT AND WAIVER AGREEMENT**

I understand that various cosmetology, barber and/or nail products are to be used during the practical section of the examination for licensure. I agree that I have reviewed the most current *Candidate Information Bulletin*.

I understand that I must meet the application deadline and that the application must be complete by the application deadline in order to take the practical examination at the location and date desired. I also understand that if I do not appear with proper identification at the scheduled time and date for either the theory or the practical examination(s), all fees will be forfeited. I agree that any claim is limited to the examination fee paid in the event that the theory or practical examination(s) are cancelled. I ascertain by my signature below that I agree with the conditions noted on this application and in the *Candidate Information Bulletin*. I also ascertain that my signature below releases my score and personal information to my school and to the State Board.

\_\_\_\_\_  
(PRINT NAME OF CANDIDATE)

\_\_\_\_\_  
(SIGNATURE OF CANDIDATE)

**2 x 2  
colored  
head and shoulder  
photograph  
MUST  
be attached here**

**10. NOTARY SECTION** (Must be completed by a notary public)

\_\_\_\_\_ being duly sworn, says that he/she is the person  
(PRINT NAME OF NOTARY)  
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      Commission Expires

[ NOTARY SEAL ]



## PAYMENT FORM

Applicant Name: \_\_\_\_\_

Social Security Number (Mandatory): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Fees are non-refundable and non-transferable  
Personal checks are not accepted**

Payment must be by certified check or money order (payable to PCS) or credit card (MasterCard/VISA Only). Please record your social security number on the check. Place a check mark in the appropriate box indicating the type of payment.

Payment Type:     Cashier's Check/Money Order     Credit Card (complete information below)

If paying by credit card:     MasterCard     VISA    Authorized payment amount: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date \_\_\_\_/\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**\*If your credit card is declined, you will be required to submit a cashier's check or money order.**

**Return this Payment Form with Examination Form.  
DO NOT staple your payment to this form.**

**Note: This document will be shredded after it has been processed.**

**Mail Examination Application and Payment Form to:**  
Professional Credential Services / New Mexico Cosmetology and Barber  
P.O. Box 198768 (U.S. Postal Service)  
Nashville, Tennessee 37219-8689  
150 Fourth Avenue North, Suite 800 (Courier Delivery)  
Nashville, Tennessee 37219-2496  
Toll free: (888) 822-3272 (615) 312-3782  
Fax: (615) 846-0153  
Web Site: <http://www.pcshq.com>