



APPRENTICE APPLICATION

Please Circle One: **Barber** Cosmetology Manicure Esthetics

REQUIREMENTS

1. FEE: \$ 75. Money Order, Cashier's Check, Business Check Only. No Personal Checks
2. Copy of Current Driver's License (must be at least 16 years old) and Copy of Social Security Card
3. One 2" X 2" Passport Type Color Photo. No Snapshots, Glamour Shots or Computer Generated Photos
4. Proof of Completing 10 Grades in School or Equivalent -- Diploma, GED, Transcript, etc.

Barber: 2,000 Hrs
 Cosmetology: 3,000 Hrs
 Esthetics: 2,000 Hrs
 Manicure: 1,200 Hrs

PLEASE PRINT ALL INFORMATION AND SIGN IN THE APPROPRIATE AREAS

Apprentice Last Name First Name Initial Social Security #

Address: Street City Zip Date of Birth

E-mail Address Phone # Other Phone #

Apprentice Affidavit: • I understand that I must complete the required hours of training under the named sponsor within the allotted period and not to exceed 8 hours in any day. If I change sponsors I will return my permit for a new permit and pay a fee of \$ 25. • I understand that I may have only three sponsor changes while training. • I understand that a daily, monthly and cumulative record of my earned hours must be kept and submitted to the board office by the 15th day of the month following the month in which they are earned. • I understand that hours not properly submitted will not be credited and may subject my sponsor to a fine. • I understand that I and my sponsor are jointly responsible for sending my exam application to the Board office within 120 days after my training is completed. I understand that failure to schedule the exam may subject my sponsor to a fine. **I certify that I do not hold a current license in this field in another state or jurisdiction.**

BY MY SIGNATURE I CERTIFY UNDER PENALTY OF PROSECUTION THAT I AM EITHER A CITIZEN OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES AND AUTHORIZED TO WORK.

Signature of Apprentice Date

Have you held a license or apprentice permit before?
 Yes _____ Number _____ No _____

Sponsor's Last Name First Name Initial License Number/Expiration Date Social Security #

Address: Street City Zip Phone #

Sponsor Affidavit: • I agree to sponsor the apprentice named above in the practice selected, both practical and theory, based on the most recent texts of approved textbooks, within the allotted period not to exceed 8 hours in one day in the named salon • I understand that I may sponsor only one apprentice at a time, and must maintain a valid personal license while training said apprentice. • I understand that I must keep a record of daily, monthly and cumulative earned hours and submit hours to the Board office by the 15th day of the month following the month in which hours are earned. • I understand that hours not submitted as required may subject me and the salon named to a fine. I understand that if the apprentice should stop training I **am responsible** for returning the apprentice permit along with the final report of earned hours to the Board office.

Signature of Sponsor Date

Salon Name Phone # License #

Salon Address: Street City County Zip

Name of Salon Owner Social Security #

Salon Owner Affidavit: I certify that the named salon has adequate facilities, supplies and instructional materials to train the apprentice named above in all aspects of the selected practice.

Signature of Salon Owner Date

OFFICE USE	
Pyt _____	_____
Type _____	Amt _____
Acc Date _____	By _____
Notes: _____	
