State of Maine

BARBERING & COSMETOLOGY LICENSING

Application information to assist
in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

TRAINEE (APPRENTICE) AESTHETICIAN, BARBER, LIMITED BARBER, COSMETOLOGIST, OR NAIL TECHNICIAN

Do not return the following informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579 or Main Receptionist (207) 624-8603
TTY users call Maine Relay 711
FAX (207) 624-8637
Web address: www.maine.gov/professionallicensing

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35 State House Station, Augusta ME 04333 Website: www.maine.gov/professionallicensing

APPLICATION INSTRUCTIONS
FOR TRAINEE LICENSE

****Fax submissions of applications and supporting documentation <u>will not be accepted.</u>**

Enclosed in this packet of information is all the material you will need to obtain a trainee license with the Barbering & Cosmetology Licensing.

- To become a licensed aesthetician through the trainee program, applicants must have experience in the practice of aesthetics as a trainee of 1,000 hours distributed over a period of at least 6 months and pass the state program exams.
- To become a licensed barber or cosmetologist through the trainee program, applicants must have experience in the practice of barbering or cosmetology as a trainee of 2,500 hours distributed over a period of at least 18 months and pass state program exams.
- To become a licensed limited barber through the trainee program, applicants must have experience in the practice of limited barbering as a trainee of 1,600 hours distributed over a period of at least 10 months and pass the state program exams.
- To become a licensed nail technician through the trainee program, applicants must have experience in the practice of nail technology as a trainee of 400 hours distributed over a period of at least 10 weeks and pass the state program exams.

A trainee must be licensed with the Barbering and Cosmetology Program to pursue a course of study in aesthetics, barbering, limited barbering, cosmetology, or nail technology in a licensed establishment under the direct supervision of a qualified licensed cosmetologist, barber, limited barber, nail technician or aesthetician. A trainee must hold a valid license at all times while training in a licensed establishment. The application must contain satisfactory evidence of the qualifications required to be a trainee under the laws and rules of Barbering and Cosmetology.

A trainee must conduct all training and services rendered to a member of the public under the direct supervision of a duly licensed supervisor approved by the Barbering and Cosmetology Program in a licensed establishment.

PROCEDURES TO APPLY FOR A TRAINEE LICENSE

The trainee must complete an application to obtain a license. The following must be submitted with the application:

1. Fee;

2. Proof that you are at least 17 years of age (birth certificate or driver's license is acceptable); and

3. Proof that you have completed the 10th grade or its equivalent.

Upon satisfactory completion of trainee hours, a trainee is eligible to qualify for examination. An official affidavit from the trainee's supervisor must be submitted to the Barbering and Cosmetology Program immediately upon completion of the trainee's course. A trainee may not be issued a temporary work permit until an affidavit certifying satisfactory completion of the training is received by the program.

INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED. Be sure to initial the bottom of each page where noted on your application. All pages requiring initials must be returned to our office as part of your complete application.

The Barbering & Cosmetology Licensing requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:

✓Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete and a letter is being sent to you, the letter will be available for you to see online.

✓ Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

✓ Once your license is issued it is immediately visible online with an "active" status. Licenses are printed off site and require at least 14 business days for delivery.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address**: 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8666 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number Is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)

FULL LEGAL NAME FIRST MIDDLE INITIAL LAST

ANY OTHER NAMES EVER USED:

DATE OF BIRTH mm / dd / yyyy SOCIAL SECURITY NUMBER - -

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # ( ) FAX # ( ) E-MAIL

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. **Have you ever been convicted by any court of any crime?**
   (circle one) NO YES

   If yes, enclose a detailed signed description of what happened (including dates) and a copy of the court judgment.

2. **Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES**

   If yes, enclose a detailed signed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE **DATE**

Barbering and Cosmetology Licensing

Trainee License

Aesthetician, Barber, Limited Barber, Cosmetologist or Nail Technician

Required Fees: $31.00(Non Refundable)

(includes application, license and criminal records check fees)

LICENSE TYPE: Check one—

Trainee Aesthetician *(AA1421)*
Trainee Barber *(AB1421)*
Trainee Limited Barber *(ALB1421)*
Trainee Cosmetologist *(AC1421)*
Trainee Nail Technician *(AM1421)*

Office Use Only:

AA/AB/ALB/AC/ or AM *as checked in the box to the left:*
1421 - $10.00
2619 - $21.00

Office Use Only:
Check #_____
Amount:_____
Cash #_____
Lic. #_____
Issue Date_____
Exp. Date_____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my VISA MASTERCARD the following amount: $_____

I understand that fees are non-refundable

Card number: XXXX-XXXX-XXXX-XXXX Expiration Date mm / yyyy

SIGNATURE **DATE**

SECTION 1: TRAINEE SUPERVISOR APPROVAL INFORMATION

Trainee Name			
Establishment Name			Establishment License Number
Name of Establishment Owner(s)			
Establishment Address			
City	State	Zip Code	Telephone Number
			( )
Name of Qualifying Supervisor			License Number

Pursuant to Program Rules, Chapter 2(6)(D) The qualified licensed supervisor shall submit a notarized statement of work experience at the time of applicant's request for registration.

☐ Enclosed is a notarized statement from the licensed supervisor(s) pertaining to his/her work experience. (failure to submit the notarized statement with this will delay processing of this application)

Pursuant to Program Rules, Chapter 2 (1)(A)(6) Qualified Supervisor must have at least three years of practice in the field for which they are licensed, within the past five years from the date of application to supervise a person.

Name of Alternative Supervisor	License Number

ALTERNATE TRAINEE SUPERVISOR APPROVAL INFORMATION

☐ Enclosed is a notarized statement from the alternative licensed supervisor(s) pertaining to his/her work experience.

Name of Alternative Supervisor	License Number

☐ Enclosed is a notarized statement of work experience by the above named alternative supervisor. (failure to submit the notarized statement may delay processing of this application)

_____ **INITIALS OF APPLICANT**

SECTION 2: NOTICES

10 Day Notification Requirement

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.
You can access this Law for your review at:
http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

SECTION 3: LAWS AND RULES

Maine Barbering and Cosmetology Laws and Rules
http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html
Access to all relevant laws and rules are accessible from this web page.

Title 10 Department of Business Regulation Law §§8001-8011
http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

Office of Professional and Occupational Regulation Rules 02 041
http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041
Chapter 10, Establishment of License Fees
Chapter 11, Late Renewals
Chapter 13, Uniform Rule for the Substantiation of Continuing Education Requirements

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at www.maine.gov/professionallicensing. Please visit the website(s) listed to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

SECTION 4: APPLICANTS & QUALIFYING SUPERVISOR(S) CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering & Cosmetology Licensing will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false

Printed Name of Applicant	
Signature of Applicant	Date

SECTION 4:CONTINUED. APPLICANTS & QUALIFYING SUPERVISOR(S) CERTIFICATION AND SIGNATURE

The following is required in accordance with Chapter 4 of the Program's rules. To insure compliance, the Qualifying Supervisor, Alternate Supervisor and Trainee should review and become familiar with the Program's laws and related rules.

- **The supervisor shall maintain accurate, up-to-date records of all work done by the trainee. Hours shall be reported to this office on a form prescribed by this office at the end of the training period.**

Read the statement below and sign where indicated as your certification of the information and attestation provided on this application.

By signing in this application, I agree to abide by the Maine Barbering and Cosmetology Program Laws and Rules and all of the State Laws and Rules related to the practice of Barbering and Cosmetology. I certify that I have obtained and read the laws and rules as listed above in this application and that I will periodically or as necessary revisit these documents to insure that I am current with Maine laws and rules. I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Barbering and Cosmetology Licensing will rely upon this information for issuance of my license and that this information is truthful and factual.

Printed Name of Qualified Supervisor	
Signature of Qualified Supervisor	Date

Printed Name of Alternate Supervisor	
Signature of Alternate Supervisor	Date

Printed Name of Alternate Supervisor	
Signature of Alternate Supervisor	Date