



Paul R. LePage  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
BARBERING AND COSMETOLOGY LICENSING  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head, Esq.  
Commissioner

Geraldine L. Betts  
Administrator

**TRAINEE AFFIDAVIT – COSMETOLOGY**

**TRAINEE NAME:** \_\_\_\_\_ Trainee License Number: \_\_\_\_\_

Initial Registration Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Qualified Supervisor: \_\_\_\_\_ Supervisor's License Number: \_\_\_\_\_

Check If Applicable:     Completion of Trainee Program     Discontinue Training

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**CREDIT GRANTED FOR INSTRUCTION AND TRAINING IN THIS TRAINING LOCATION**

<b>Courses</b>	<b>Hours</b>	<b>Courses</b>	<b>Hours</b>
Hygiene; Sanitation Anatomy; Chemistry		Manicuring & Pedicuring	
Chemical Hair Relaxing		Permanent Waving	
Cosmetic Therapy: scalp treatment, use of cosmetics & makeup & facial massage, skin care(with and without machines), superfluous hair removal		Finger waving, molding, roller placement & pin curls	
Electrical Devices Equipment/implements.		Shop Management; laws and rules	
Shampoo		Psychology & human relations	
Wiggery		Unassigned	
Hair cutting, Styling and shaping(all implements)		Hair coloring & bleaching	
		<b>Total Hours Completed</b>	

I, as the Qualified Supervisor, hereby certify that instruction and training as contained in this affidavit was provided and received by the above named Trainee and was satisfactory. The training and instruction provided to this trainee is in accordance with applicable rules established by the Barbering and Cosmetology Licensing program.

\_\_\_\_\_  
Direct Supervisor

\_\_\_\_\_  
Signature of Trainee

\_\_\_\_\_  
Date

Licensing (207)624-8579  
Main Receptionist (207)624-8603  
TTY users call Maine relay 711



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[www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

[Geraldine.L.Betts@maine.gov](mailto:Geraldine.L.Betts@maine.gov)  
Direct Line: (207)624-8625  
Fax: (207)624-8637

OFFICE LOCATION: GARDINER ANNEX  
76 NORTHERN AVENUE, GARDINER, MAINE