

# STATE OF MAINE

## BARBERING AND COSMETOLOGY

### Application for Student Registration



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
Office of Licensing and Registration

Board of Barbering and Cosmetology

**35 State House Station**

Augusta, ME 04333

Telephone: (207) 624-8632

TTY/HEARING-IMPAIRED: (207) 624-8563

FAX: (207) 624-8637

Email -[linda.s.harris@state.me.us](mailto:linda.s.harris@state.me.us)

## **APPLICATION INSTRUCTIONS FOR STUDENTS**

Enclosed in this packet of information is all the material you will need to register a student with the Board of Barbering & Cosmetology. To become a licensed cosmetologist, barber, aesthetician or manicurist, applicants must complete a course of study in a school licensed by the Maine State Board of Barbering and Cosmetology.

Schools licensed by the Board shall register students. A student enrolled in the study of cosmetology, barbering, manicuring or aesthetics must hold a valid registration at all times while enrolled and attending school. The application must contain satisfactory evidence of the qualifications required to be a student under the laws of Barbering & Cosmetology.

A student enrolled in a licensed school must conduct all training and services rendered to a member of the public under the direct supervision of a duly licensed instructor in a licensed school.

### **REQUIREMENTS TO REGISTER A STUDENT**

To be eligible for a student registration, a student must:

- 1. Be at least 16 years of age;**
- 2. Have satisfactorily completed the 10th grade or its equivalent; and**
- 3. Must be enrolled in a school licensed by the Maine Board of Barbering and Cosmetology.**

A student permit expires 12 months from date of issuance. Expired registrations must be renewed if a student has not completed his/her course. This registration permit must be renewed upon filing the appropriate application and fee. All training or services rendered to a member of the public by a student must be under the direct supervision of a duly licensed instructor in a licensed school.

### **PROCEDURES TO REGISTER A STUDENT**

The student must complete an **Application to Register as a Student**. The following must be submitted:

- 1. Fee;**
- 2. Proof that you are at least 16 years of age; and**
- 3. Proof that you have completed 10th grade or its equivalent.**

Name, address or school attended must be reported, in writing, to the Board immediately.

Upon satisfactory completion of the following hours,

- 1500 hours** of training for cosmetology or barbering;
- 200 hours** of training for manicuring; or
- 600 hours** of training for aesthetics;

students are eligible to apply for examination. If the school does not provide examination application forms provided by the testing company, forms may be requested directly from:

**Schroeder Measurement Technologies at 1-800-556-0484**

**PLEASE NOTE: AN OFFICIAL AFFIDAVIT FROM THE SCHOOL MUST BE SUBMITTED TO THE BOARD OF BARBERING AND COSMETOLOGY OFFICE IMMEDIATELY UPON COMPLETION OF THE STUDENT'S COURSE. A STUDENT MAY NOT BE ISSUED A TEMPORARY WORK PERMIT OR INITIAL LICENSE UNTIL AN AFFIDAVIT CERTIFYING SATISFACTORY COMPLETION OF THE COURSE IS RECEIVED BY THE BOARD.**

Student who are eligible for exam may apply for a temporary work permit if s/he plans to practice pending examination. This permit allows a person to work in a licensed establishment under the supervision of an individual who is duly licensed in the profession the student has been trained to practice. Temporary work permits expire **6 months** from date of issuance and **may not be renewed**.

Upon passing the examination, the testing company will notifying the student of his/her examination results, which will also include the necessary forms, to file with the Maine Board of Barbering and Cosmetology, to apply for initial licensure. **The examination results must be submitted with your initial application for licensure.** The process of issuing a license generally takes about two weeks. Initial licenses are valid for one year from the date issued.



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
**Maine State Board of Barbering & Cosmetology**

35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035

TTY/HEARING IMPAIRED (207) 624-8563  
 OFFICE PHONE (207) 624-8632 FAX (207) 624-8637

ANGUS S. KING, JR.  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**APPLICATION FOR STUDENT REGISTRATION**

**Proof of completion of 10th grade education** or equivalent and **proof of being at least 16 years of age** (birth certificate or driver's license is acceptable) must accompany this application.

**FEE:** Make check payable to **TREASURER, STATE OF MAINE**. The Registration will be valid for one-year from date of issuance.

- |   |              |  |              |
|---|--------------|--|--------------|
| <input type="checkbox"/> <b>Cosmetologist</b> (1426/1432) | <b>20.00</b> | <input type="checkbox"/> <b>Barber</b> (1426/1432)     | <b>20.00</b> |
| <input type="checkbox"/> <b>Aesthetician</b> (1426/1432)  | <b>20.00</b> | <input type="checkbox"/> <b>Manicurist</b> (1426/1432) | <b>20.00</b> |

Student Registration #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 (If renewal is being requested)

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (42 USC§405(C)(2)(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 MRSA §191.

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**CONTACT INFORMATION**

Mailing Address: \_\_\_\_\_  
 Street City/Town State Zip County

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL INFORMATION - To be completed by a school official**

Name and Address of School: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_ Are you transferring from another school?  YES  NO

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_



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**AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #: ( ) -</b>
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa     MasterCard \_\_\_\_\_  
 Card number

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

LINDA S. HARRIS, CLERK  
 DIRECT LINE: (207)624-8579  
 INTERNET ADDRESS:

[linda.s.harris@state.me.us](mailto:linda.s.harris@state.me.us)

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FAX: (207)624-8637

INTERNET ADDRESS:

<http://www.state.me.us/pfr/pfrhome.htm>

RECEPTIONIST  
 (207)624-8603

REV. 04/00

1 under appropriation #014 02A 4702 012