

STATE OF MAINE

BARBERING AND COSMETOLOGY

Application for Trainee 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

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STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Maine State Board of Barbering & Cosmetology
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

APPLICATION FOR TRAINEE

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 checks payable to **TREASURER, STATE OF MAINE**. If you choose to pay by credit card, please complete and submit an authorization form.

FIRST PERMIT

- COSMETOLOGIST** (4011/1446 - \$20 1435 - \$10) \$30.00
- BARBER** (4010/1446 - \$20 1435 - \$10) \$30.00
- AESTHETICIAN** (4011/1446 - \$20 1435 - \$10) \$30.00
- MANICURIST** (4011/1446 - \$20 1435 - \$10) \$30.00

RENEWAL - 1436 \$10.00
Current Registration Number:

Trainee Name:		
Mailing Address (Line1):		
City:	State:	Zip Code:
County:	Social Security #:	Date of Birth:
Home Telephone:		Work Telephone:

ESTABLISHMENT INFORMATION - To be completed by qualifying supervisor

Name of Establishment being trained in:
Name of Establishment owner(s):
Address of Establishment being trained in:
Name of Qualifying Supervisor:
License Number and Expiration Date of Qualifying Supervisor:
Signature of Qualifying Supervisor:
Trainee Signature:



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TRAINEE SUPERVISOR APPROVAL FORM

Trainee Name:		
Establishment Name:		
Establishment Address:		
City:	State:	Zip Code:
County:	Telephone #: () -	
Name of Qualifying Supervisor:		
Signature of Qualifying Supervisor:		
Licensee Number and Expiration Date of Qualifying Supervisor:		
TRAINEE SIGNATURE:		

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

- ⇒ 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 NO LATER THAN THE 10TH OF EACH MONTH. FAILURE TO REPORT HOURS ON A TIMELY BASIS MAY RESULT IN THE TRAINEE'S HOURS NOT BEING ACCEPTED.
- ⇒ IF YOU OWNED A SHOP LESS THAN THREE YEARS, YOU MUST SUBMIT NOTARIZED EVIDENCE THAT YOU HAVE ACQUIRED AT LEAST THREE YEARS OF WORK EXPERIENCE WITH THIS FORM.
- ⇒ ANY CHANGES IN NAME, ADDRESS OR EMPLOYMENT MUST BE REPORTED IMMEDIATELY.

I, _____, acknowledge that I will be responsible for the training of the applicant mentioned herein, and that the applicant will work under my direct supervision and will not at any time practice unsupervised. I have received a copy of the laws and rules and will comply with the requirements set forth as well as submit necessary reports as may be required by rule.

For Office Use Only

APPROVED: _____ NOT APPROVED: _____ DATE: _____



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ALTERNATE TRAINEE SUPERVISOR APPROVAL FORM

I am requesting to be considered as an alternate supervisor for the following trainee in the event that the supervisor listed on the supervisor approval form is unable to be in attendance due to an emergency, accident or illness.

Trainee Name:		
Establishment Name:		
Establishment Address:		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of Alternative Supervisor:		
Signature of Alternative Supervisor:		
Licensee Number of Alternative Supervisor:		
Name of Initial Supervisor:		
Signature of Initial Supervisor:		
Date:		
Signature of Trainee:		

For Office Use Only

APPROVED: _____
 NOT APPROVED: _____
 REASON:

DATE: _____
 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.

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

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: _____

PHONE: (207)624-8632
 (Office Phone)



FAX: (207)624-8637

PRINTED ON RECYCLED PAPER
 (207)624-8653 (TTY/HEARING IMPAIRED)