



State of Maine

BARBERING & COSMETOLOGY PROGRAM

Applicant information to assist in completing your application

LICENSE BY ENDORSEMENT
AESTHETICIAN, BARBER,
COSMETOLOGIST, OR MANICURIST,

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

Department of Professional and Financial Regulation
Office of Licensing and Registration
(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/Hearing Impaired 1-888-577-6690
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: barbercosm.lic@maine.gov

**APPLICATION INSTRUCTIONS
FOR RECIPROCITY / LICENSE TRANSFER**

****Fax submissions of applications and supporting documentation will not be accepted.****

If you are applying for licensure in Maine and hold a license from another state, please following the instructions below.

**DO YOU HOLD A VALID
AESTHETIC, BARBERING, COSMETOLOGY, or MANICURING
LICENSE IN ANOTHER STATE?**

If you hold a valid license in another state and meet ONE of the following requirements for licensure in Maine.

AESTHETIC Education Requirements:

Satisfactorily completed 600 hours of aesthetics instruction in a licensed school in not less than 5 months; or

- A. Satisfactorily completed a course of study in aesthetics in a licensed school plus work experience as an aesthetician totaling at least 1,000 hours; or
- B. Satisfactorily completed a 1,000-hour aesthetic trainee/apprenticeship program.

BARBERING & COSMETOLOGY Education Requirements:

- A. Satisfactorily completed 1,500 hours of barbering or cosmetology instruction in a licensed school in not less than 9 months; or
- B. Satisfactorily completed a course of study in barbering or cosmetology in a licensed school plus show proof of work experience as a barber or cosmetologist totaling at least 2,500 hours; or
- C. Satisfactorily completed a 2,500-hours of barbering or cosmetology trainee/apprenticeship program.

MANICURING Education Requirements:

- A. Satisfactorily completed 200 hours of manicuring instruction in a licensed school in not less than 5 weeks; or
- B. Satisfactorily completed a course of study in manicuring in a licensed school plus show proof of work experience as a manicurist totaling at least 400 hours; or
- C. Satisfactorily completed a 400 manicuring trainee/apprenticeship program.

PROCESSING TIME:

Please allow approximately three (3) weeks processing time from date of receipt.

Please do not call our office regarding the status of your application as numerous calls will delay the timeliness of processing applications. Information regarding the status of applications may be found at the Office of Licensing and Registration'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 days for delivery.

The following information must be submitted:

- ⇒ Submit **completed application form with application fee** and license fee as indicated on application;
- ⇒ Submit proof of being at least 17 years of age (birth certificate/driver's license, etc.);
- ⇒ Submit proof of having completed a 10th grade education or its equivalent;
- ⇒ An original verification of licensure from the state you currently hold your license. This must include
 - Your professional education and hours granted;
 - Verify that you took and passed a state level written and practical examination. (You must have taken a state level examination for both the written and practical examination. If not, you will be subject to taking the Maine exam.) and current license number and status of that license.

NOTE: If you are not currently licensed in the state which you obtained your education you must submit an additional verification form that state to verify your school hours and exams.

- ⇒ Licensed work experience may be considered if you have less than the required number of hours of schooling. You must submit your evidence of Work Experience on the form provided in this application packet.

Please refer to the Maine State Barbering and Cosmetology Licensing Laws and Rules for more information when completing your application.

If you do not qualify for licensure, you may be deemed eligible for examination. If so, you may apply for a temporary permit only while pending to take your examination. This is a one-time permit and will only be valid for a six-month from the date issued and cannot be renewed.

Documents with different name eg. marriage/divorce etc. must have supporting information to verify a legal name change.

INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED. Be sure to initial the bottom of each page where noted on your application. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review.

The Barbering & Cosmetology Program 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 in any way will not be accepted.

VERIFICATION OF LICENSURE IN ANOTHER STATE OR JURISDICTION

If you hold or have held an aesthetic, barber, cosmetology, or manicurist license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked...
- Type of license issued to you
- Date your license was issued
- School hours
- Method your license was issued i.e. Original State, Reciprocity/Endorsement, Score Transfer
- Examinations taken and results
- Disciplinary action(s) against your license, if any
- Signature and title of person from the licensing jurisdiction providing License Verification
- State Seal

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

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 Licensing and Registration 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 (§7(B)). 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)(1)). 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.

SECTION 1: SCHOOLING INFORMATION

Name of School Attended		
School Address		
City	State	Zip Code
Telephone #		
Course Completed	Course Hours Completed	Graduation Date
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Barbering <input type="checkbox"/> Cosmetology <input type="checkbox"/> Manicuring		<i>mm/yyyy</i>

SECTION 2: NOTICES

10 Day Notification Requirement

This applicant/licensee must report in writing to the Program the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Program.

Notice Regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

Notice Regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 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 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). 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.

_____ INITIALS OF APPLICANT

SECTION 3: APPLICANT'S CERTIFICATION AND SIGNATURE

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

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 Maine Barbering & Cosmetology Program 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

Applications that are incomplete, altered, defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing supporting documents, and/or missing or wrong fee.

EVIDENCE OF WORK EXPERIENCE

This form is only needed if you have **not completed** 600 hours of schooling for aesthetics, 1500 hours of schooling for barbering or cosmetology; 200 hours of schooling for manicuring.

Applicant's Name		
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Mailing Address		
City	State	Zip Code
License Type		
<input type="checkbox"/> Aesthetician <input type="checkbox"/> Barber <input type="checkbox"/> Cosmetology <input type="checkbox"/> Manicurist		

THIS SECTION TO BE COMPLETED BY THE CURRENT OR FORMER EMPLOYER

Name of Employer		
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Establishment Name		
Mailing Address		
City	State	Zip Code
I, hereby certify that the above named has practiced as a/an:		
<input type="checkbox"/> Aesthetician <input type="checkbox"/> Barber <input type="checkbox"/> Cosmetology <input type="checkbox"/> Manicurist		
The above named was employed as noted above from _____ to _____ <div style="text-align: center; margin-top: -10px;"> <i>mm/dd/yyyy</i> <i>mm/dd/yyyy</i> </div>		
For purposes of evaluating time worked, please list the number of average hours worked each week OR total amount of hours during employment period.		
Hours per Week	Total Hours	
Print Employer Name		
Signature of Employer	Date	

_____ INITIALS OF APPLICANT