



# State of Maine

## BARBERING & COSMETOLOGY PROGRAM

**Applicant information to assist  
in completing your application**

TRAINEE (APPRENTICE)  
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](http://www.maine.gov/professionallicensing)  
Email: [barbercosm.lic@maine.gov](mailto:barbercosm.lic@maine.gov)

## APPLICATION INSTRUCTIONS FOR TRAINEE REGISTRATION

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

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

- 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 manicurist through the trainee program, applicants must have experience in the practice of manicuring as a trainee of 400 hours of distributed over a period of at least 10 weeks and pass the state program exams.

A trainee must be registered with the Barbering and Cosmetology Program to pursue a course of study in aesthetics, barbering, cosmetology, or manicuring in a licensed establishment under the direct supervision of a qualified licensed cosmetologist, barber, manicurist or aesthetician. A trainee must hold a valid registration 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 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 REGISTER A TRAINEE**

The student must complete an **Application to Register as a Trainee**. The following must be submitted with the application:

- 1. Fee;**
- 2. Proof that you are at least 16 years of age; (birth certificate or driver's license is acceptable).**
- 3. Proof that you have completed 10th grade or its equivalent**

An aesthetician trainee license expires 12 months from the date of issuance. A barbering or cosmetologist trainee license expires 18 months from date of issuance. A manicuring trainee license expires 6 months from the date of issuance. Expired registrations must be renewed if a trainee has not completed his/her apprenticeship. This registration permit must be renewed upon filing the appropriate renewal and fee.

**Upon satisfactory completion of apprenticeship hours, a trainee is eligible to apply for examination. An official affidavit from the trainee's supervisor must be submitted to the Barbering and Cosmetology Program office immediately upon completion of the trainee's course. A trainee may not be issued a temporary work permit or initial license until an affidavit certifying satisfactory completion of the apprenticeship 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. 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.

**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](http://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.

## 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](http://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: 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

**ALTERNATE TRAINEE SUPERVISOR APPROVAL INFORMATION**

Name of Alternative Supervisor	License Number

**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.

\_\_\_\_\_ INITIALS OF APPLICANT

**SECTION 2: (CONTINUED) - NOTICES**

**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.

**SECTION 3: APPLICANT'S & QUALIFYING SUPERVISOR(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

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.**
- **Qualifying supervisor(s) that have owned a shop less than three years must submit notarized evidence that he/she has acquired at least three years of work experience with this form.**

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.

Printed Name Qualifying Supervisor	
Signature of Qualifying Supervisor	Date

Printed Name Alternate Supervisor	
Signature of Alternate Supervisor	Date