



State of Maine

BARBERING & COSMETOLOGY LICENSING

Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

REINSTATEMENT OF LICENSE INSTRUCTOR BARBER OR COSMETOLOGIST

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

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(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 users call Maine relay 711
FAX (207) 624-8666

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

APPLICATION INSTRUCTIONS FOR REINSTATEMENT OF INSTRUCTOR LICENSE

Enclosed in this packet of information is all the material you will need to reinstate your barber or cosmetology instructor license with the Barbering & Cosmetology Program.

PROCEDURES TO REINSTATE YOUR EXPIRED LICENSE

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

The licensee must complete an **Application for reinstatement of license**. The following must be submitted with the application:

Appropriate Fee

Pursuant to Title 32, Chapter 126, §14235 “A license may be renewed up to 90 days after the date of its expiration upon payment of a late fee as set under section 14238 in addition to the renewal fee. Any person who submits an application for renewal more than 90 days after the license expiration date is subject to all requirements governing new applicants under this chapter, including a late fee, renewal fee and additional late fee as set under section 14238, except that the director, after giving due consideration to the protection of the public, may waive requirements.”

IF AN APPLICATION IS RECEIVED MORE THAN 4 YEARS AFTER LICENSE EXPIRATION YOU WILL BE REQUIRED TO RETAKE THE FULL EXAM IN ORDER TO QUALIFY FOR LICENSURE.

PROCESSING TIME:

- ✓ 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 Professional and Occupational Regulation’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.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

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 Professional and Occupational Regulation 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. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(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 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.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime?
(circle one)

NO YES

If yes, enclose a detailed signed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)

NO YES

If yes, enclose a detailed signed explanation and copies of all documents.

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 affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE	DATE
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**Barbering and Cosmetology Licensing
INSTRUCTOR LICENSE REINSTATEMENT**

Required Fees: \$116.00 (Non-Refundable)

(includes renewal, late fee and criminal records check fees)

FOR LICENSES THAT HAVE EXPIRED MORE THAN 91 DAYS FROM THE EXPIRATION DATE

<p>LICENSE TYPE: (CHECK BOX)</p> <p><input type="checkbox"/> INSTRUCTOR BARBER (IB) <input type="checkbox"/> INSTRUCTOR COSMETOLOGIST (IC)</p> <p>LICENSE #: _____ EXP _____</p> <p>DATE: _____</p> <p>GO ONLINE TO OBTAIN YOUR LICENSE # AND EXPIRATION DATE WWW.MAINE.GOV/PROFESSIONALLICENSING</p> <p><input type="checkbox"/> CHECK IF LICENSE HAS EXPIRED MORE THAN 4 YEARS. LICENSE IS SUBJECT TO NEW LICENSURE QUALIFICATIONS, INCLUDING TAKING AND PASSING EXAMINATIONS.</p>	<p align="center"><i>Office Use Only:</i></p> <p>IB or IC:</p> <p>1427 - \$20.00 2090 - \$75.00 2619 - \$21.00</p>	<p align="center"><i>Office Use Only:</i></p> <p>Check # _____</p> <p>Amount: _____</p> <p>Cash # _____</p> <p>Lic. # _____</p> <p>Issue Date _____</p> <p>Exp. Date _____</p>
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PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>

SIGNATURE	DATE
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SECTION 1: NOTICES

10 Day Notification Requirement

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

SECTION 2: LAWS AND RULES

Maine Barbering and Cosmetology Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html>

Access to all relevant laws and rules are accessible from this web page.

Title 10 Department of Business Regulation Law §§8001-8009

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

Office of Professional and Occupational Regulation Rules 02 041

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

Chapter 13, Uniform Rule for the Substantiation of Continuing Education Requirements

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at www.maine.gov/professionallicensing. Please visit the website(s) listed to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

SECTION 3: APPLICANT'S CERTIFICATION AND SIGNATURE

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

By signing in this application, I agree to abide by the Maine Barbering and Cosmetology Program Laws and Rules and all of the State Laws and Rules related to the practice of Barbering and Cosmetology. I certify that I have obtained and read the laws and rules as listed above in this application and that I will periodically or as necessary revisit these documents to insure that I am current with Maine laws and rules. 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 Barbering and Cosmetology Program will rely upon this information for issuance of my license and that this information is truthful and factual.

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.

Printed Name of Applicant	
Signature of Applicant	Date
	