



# State of Maine

## BARBERING & COSMETOLOGY LICENSING PROGRAM

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

### **EXAM ELIGIBILITY APPLICATION** FOR LICENSE THAT HAS EXPIRED FOR 4 OR MORE YEARS

Do not return the following 2 informational pages with your application; they are 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  
TTY users call Maine relay 711  
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)

#### **FAQ's**

Have a question? Please visit our list of Frequently Asked Questions.

#### **Can I come to Gardiner to drop off my application?**

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address  
35 State House Station, Augusta, ME 04333.

## APPLICATION INSTRUCTIONS FOR EXAM ELIGIBILITY

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program. **The following must be submitted with the application:**

1. **Transcript or affidavit demonstrating that you have satisfactorily completed your course of study.**

### **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>

### **LAWS AND RULES:**

**Disclosure:** Effective July 1, 2012, the Barbering and Cosmetology Licensing Program has discontinued the Maine Laws and Rules portion of the examination and in its place requires the applicant to attest that s/he will obtain, read and abide by all Maine laws and rules related to the practice of Barbering and Cosmetology as a part of the application process. Applicants for an initial practice license are required to take and pass the applicable written and practical examinations in order to qualify for licensure. The holder of an active license has an obligation and responsibility to keep abreast of laws and rules and maintaining current and up to date practice standards.

#### ***Maine Barbering and Cosmetology Laws and Rules***

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

All relevant laws and rules are accessible from this web page.

#### ***Title 5 Administrative Procedures and Services Chapter 341***

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

#### ***Title 10 Department of Business Regulation Law §§8001-8011***

<http://legislature.maine.gov/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

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](http://www.maine.gov/professionallicensing). Please visit the websites listed above 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.



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
EXAM APPROVAL APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL (Your approval will be emailed)	

Barbering and Cosmetology Licensing Program  
**Exam Approval Application**  
Aesthetician, Barber, Limited Barber, Cosmetologist or Nail Technician  
**NO FEE**

**LICENSE TYPE: YOU MUST CHECK ONE FROM BELOW**

- |  |   |
|--|---|
| <input type="checkbox"/> Cosmetologist       | <input type="checkbox"/> Instructor Cosmetologist       |
| <input type="checkbox"/> Aesthetician        | <input type="checkbox"/> Instructor Aesthetician        |
| <input type="checkbox"/> Barber Hair Stylist | <input type="checkbox"/> Instructor Barber Hair Stylist |
| <input type="checkbox"/> Hair Designer       | <input type="checkbox"/> Instructor Hair Designer       |
| <input type="checkbox"/> Nail Technician     | <input type="checkbox"/> Instructor Nail Technician     |

**License #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

GO ONLINE TO OBTAIN YOUR LICENSE # AND EXPIRATION DATE

[WWW.MAINE.GOV/PROFESSIONALLICENSING](http://WWW.MAINE.GOV/PROFESSIONALLICENSING)

**SECTION 1: COURSE OF STUDY PRACTICE EDUCATION**

**Licensed School– Course of Study Completed; if applicable**

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"/> Barber Hair Stylist <input type="checkbox"/> Hair Designer <input type="checkbox"/> Cosmetology <input type="checkbox"/> Nail Technology		mm/yyyy

**Trainee– Course of Study Completed; if applicable**

Establishment Name Where Training Occurred		
Establishment Address		Phone
		(   )
City	State	Zip Code
Supervisor Name	Supervisor License #	
Course Completed	Hours Completed	Completion Date
<input type="checkbox"/> Aesthetics <input type="checkbox"/> Barber Hair Stylist <input type="checkbox"/> Hair Design <input type="checkbox"/> Cosmetology <input type="checkbox"/> Nail Technology		mm/yyyy

**SECTION 2: APPLICANT’S CERTIFICATION AND SIGNATURE**

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

Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

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 Barbering & Cosmetology Licensing Program will rely upon this information for approval of examination and that this information is truthful and factual. I further understand that sanctions may be imposed, if this information is found to be false.

Printed Name of Applicant	
Signature of Applicant	Date
	