



# 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.

### **TRAINEE (APPRENTICE)** AESTHETICIAN, BARBER HAIR STYLIST, COSMETOLOGIST, HAIR DESIGNER, OR NAIL TECHNICIAN

Do not return the following four 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 TRAINEE LICENSE

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

**1. Fee;**

**2. Proof that you are at least 17 years of age (birth certificate or driver's license is acceptable); and**

A trainee must be licensed with the Barbering and Cosmetology Licensing Program to pursue a course of study in aesthetics, barber hair styling, cosmetology, hair design, or nail technology in a licensed establishment under the direct supervision of a qualified licensed cosmetologist, barber, limited barber, nail technician or aesthetician. **A trainee must hold a valid license at all times while training in a licensed establishment.**

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 Licensing Program in a licensed establishment.

- **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 Hair Stylist** through the trainee program, applicants must have experience in the practice of barber hair styling as a trainee of 1,600 hours distributed over a period of at least 10 months and pass state program exams.
- **To become a licensed 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 Hair Designer** through the trainee program, applicants must have experience in the practice of hair designing as a trainee of 2,000 hours distributed over a period of at least 12 months and pass the state program exams.
- **To become a licensed Nail Technician** through the trainee program, applicants must have experience in the practice of nail technology as a trainee of 400 hours distributed over a period of at least 10 weeks and pass the state program exams.

**Please be sure that you read the Barbering and Cosmetology Licensing Programs Laws and Rules, paying particular attention to Rule Chapter 23 relating to Trainees.**

## **IMPORTANT INFORMATION REGARDING YOUR LICENSE:**

**The Office no longer prints licenses.** Your license will be sent to you at the email address you provide to us on your application. The license will arrive to your email box under this email address: **noreply@maine.gov**. The attachment with this email is your license where you may open it and print your license. A paper license will not be sent to you, your license is the document attached to the noreply@maine.gov email.

## **IMPORTANT TO RETAIN FOR FUTURE RENEWALS:**

The noreply@maine.gov email with your license **will contain the password that is required to renew your license online when the time comes**. **Do not lose your password.** You may also update your contact information and email address on our website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing) using your password. Please remember, that if you change your email address at any time, you must by law, update your email address online within 10 days of the change. Failing to maintain a current email will jeopardize any notices sent to you by this Office.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder may be sent to you by email, which is the opening period you may begin to renew your license. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner or to practice without a valid license in violation of laws.

## **PROCESSING TIME:**

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing) to monitor your application's progress in real time. If the status appears as "PENDING", this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, the license will be issued. The status online will show as "ACTIVE". If your application is incomplete a letter will be mailed to you.

**Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications.**

## **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:**

### ***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  
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		SOCIAL SECURITY NUMBER	
<i>mm / dd / yyyy</i>		- - -	
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL ( <b>Your license will be emailed</b> )	

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.

Barbering and Cosmetology Licensing Program

**Trainee License**

Aesthetician, Barber Hair Stylist, Cosmetologist, Hair Designer, or Nail Technician

Required Fees: \$31.00(Non Refundable)

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

- |   |  |
|---|--|
| <input type="checkbox"/> Trainee Aesthetician (AA1421)    | <input type="checkbox"/> Trainee Barber Hair Stylist (ABH1421) |
| <input type="checkbox"/> Trainee Hair Designer (AHD1421)  | <input type="checkbox"/> Trainee Cosmetologist (AC1421)        |
| <input type="checkbox"/> Trainee Nail Technician (AM1421) |  |

*Office Use Only:*

Check #	_____
Amount:	_____
Cash #	_____
Lic. #	_____
	1421—\$10.00
	2619—\$21.00

**PAYMENT OPTIONS:**

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

NAME OF CARDHOLDER (please print)			
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
MAILING ADDRESS OF CARDHOLDER (please print)			
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 <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS The following amount: \$_____			
<input type="checkbox"/> <b>I understand that fees are non-refundable</b>			
Card number:		Expiration Date <i>mm / yyyy</i>	
<b>SIGNATURE</b>		<b>DATE</b>	

**SECTION 1: LICENSE VERIFICATION:** Provide evidence of licensure. Accepted forms of evidence are: 1) A copy of the State’s or Jurisdiction’s primary source online verification services or 2) report produced by the Licensing Board or Jurisdiction is acceptable.

**DISCIPLINE:** If discipline was imposed on any license, submit a copy of the Consent Agreement, Order or legal document from your State or Jurisdiction of licensure.

If you do not hold or have not held a professional license please check here


State or Jurisdiction	License Type	License Number	Date Issued	Expiration Date	Was Discipline Ever Imposed - Answer (Yes or No)
1.					
2.					
3					
4.					

**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 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
	

**SECTION 3: TRAINEE QUALIFIED SUPERVISOR INFORMATION**

**THIS SECTION MUST BE COMPLETED BY THE QUALIFYING SUPERVISOR  
NOT BY THE TRAINEE**

**This section must be attached with the application**

Trainee Name			
Establishment Name			Establishment License Number
Name of Establishment Owner(s)			
Establishments Physical Address			
City	State	Zip Code	Telephone Number
			(   )
Name of Qualifying Supervisor			License Number

**SECTION 4: ALTERNATE SUPERVISOR(S) INFORMATION (See Section 6)**

Name of Alternate Supervisor #1; if applicable	License Number

Name of Alternate Supervisor #2; if applicable	License Number

**SECTION 5: QUALIFYING SUPERVISOR CERTIFICATION AND SIGNATURE**

**THIS SECTION MUST BE COMPLETED BY THE QUALIFYING SUPERVISOR**  
**NOT BY THE TRAINEE**


**This section must be attached with the application**

- In addition to the requirements set forth under Rule Chapter 23 for Trainees, I understand my responsibilities with maintaining a current and accurate trainee instruction log and for periodically evaluating and assessing the trainee's progress. The training log shall provide a detailed day-by-day description of the trainee's instruction, accrual hours of instruction, subjects taught, type and method of instruction, and services performed on individual clients.
- Upon a trainee's successful completion of hours or upon the trainee's termination, I will submit a transcript of hours credited on a form prescribed by the Program within ten (10) days.
- If I assign an Alternate Supervisor, I understand that the Alternate Supervisor must first be approved by the program, and I understand that I am responsible for overseeing the Alternate Supervisor.

**Pursuant to Program Rules, Chapter 23 (A)(2)(A)** The proposed qualified supervisor and the alternate supervisor shall hold a Maine license in the practice appropriate area and shall demonstrate at least three (3) years of active licensed practice in such practice area within the five (5) years preceding the date of trainee application.

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

By signing in this application, I agree to abide by the Maine Barbering and Cosmetology Licensing 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.

Printed Name of Qualifying Supervisor	
Signature of Qualifying Supervisor	Date
	



**SECTION 6: ALTERNATE SUPERVISOR CERTIFICATION AND SIGNATURE ; IF APPLICABLE**

**THIS SECTION MUST BE COMPLETED BY THE ALTERNATE SUPERVISOR(S)  
NOT BY THE TRAINEE**


**This section must be attached with the application**

**Pursuant to Program Rules, Chapter 23 (A)(2)(A)** The proposed qualified supervisor and the alternate supervisor shall hold a Maine license in the practice appropriate area and shall demonstrate at least three (3) years of active licensed practice in such practice area within the five (5) years preceding the date of trainee application.

**As the Alternate Supervisor I have read Program Rule Chapter 23 relating to Trainees.**

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

By signing in this application, I agree to abide by the Maine Barbering and Cosmetology Licensing 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.

Printed Name of Alternate Supervisor #1; if applicable	
Signature of Alternate Supervisor; if applicable	Date
	

Printed Name of Alternate Supervisor #2; if applicable	
Signature of Alternate Supervisor; if applicable	Date
