



# 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.

### **LICENSE BY ENDORSEMENT** **FROM ANOTHER STATE OR JURISDICTION OF THE UNITED STATES**

AESTHETICIAN, BARBER HAIR STYLIST, COSMETOLOGIST, HAIR  
DESIGNER, OR NAIL TECHNICIAN

**YOU MUST HOLD A VALID LICENSE IN THE UNITED STATES OR ITS TERRITORIES**

Do not return the following 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.

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. An original verification of licensure from the state licensing board or jurisdiction that you currently hold a valid license. Please see section 1 of the application for more information.**

**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:**

**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>

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

Aesthetician, Barber Hair Stylist, Cosmetologist, Hair Designer, or Nail Technician  
Required Fees: \$41.00 (Non-Refundable)

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

- Aesthetician (AE1441)       Cosmetologist (CO1441)  
 Barber Hair Stylist (BH1441)     Nail Technician (MA1441)  
 Hair Designer (HD1441)

*Office Use Only:*

Check # \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Cash # \_\_\_\_\_  
 Lic. # \_\_\_\_\_  
  
 1421 - \$20.00  
 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"/> I understand that fees are non-refundable						
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.					

*Optional:* For additional space a form is available online from our applications and forms section entitled “Reporting Jurisdictions of Licensure.”

**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
	