



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.

CAREER AND TECHNICAL EDUCATION (CTE) SECONDARY SCHOOL APPLICATION

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
Email: 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 NEW SCHOOL

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 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 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.

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program with the required fee and documentation. **Please see 32 M.R.S., Subchapter 4 and Chapter 27 of the Board Rules for application requirements.**

INSPECTION:

An inspection of your facility is required prior to opening. The facility must be ready for operation at the time of inspection. For scheduling purposes, please provide at least 25 days notice to schedule an inspection.



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

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME OF SCHOOL			
FEIN OR SSN			
PHYSICAL ADDRESS OF SCHOOL			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS OF SCHOOL			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL - (Your license will be emailed)	
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.			
PRINTED NAME OF SCHOOL OFFICIAL			
SIGNATURE		DATE	

**Barbering and Cosmetology Licensing Program
CAREER AND TECHNICAL (CTE) SCHOOL LICENSE
Required Fee: \$500.00(Non-Refundable)
Off Site/Satellite Classroom Fee: \$100.00**

SCHOOL TYPE—YOU MUST CHECK ONE BELOW

<input type="checkbox"/>	Initial School (CTE 1421)	FEE: \$500.00
<input type="checkbox"/>	Branch Off Site/Satellite Classroom—List address of primary school location (SCR 1421)	FEE: \$100.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____

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>		
SIGNATURE		DATE	

SECTION 1: CONTACT INFORMATION

Section D - Complete This Section if the School is a Maine Department of Education Career Technical Education Center (CTE):			
Name of CTE			
Maine School District			
Maine School District Official for CTE			
Contact for CTE			
Address of CTE Contact	City	State	Zip Code
Telephone Number of CTE Contact	Fax Number of CTE Contact		
()			
E-mail Address of CTE Contact	Website Address of CTE		

SECTION 2: IS THIS A CHANGE OF LOCATION OR OWNERSHIP? Yes No

If yes, complete the following:

- Location Change (*complete section A*) Ownership Change (*complete section B*)

Section A—Location Change			
Former Location	City	State	Zip
Section B – Ownership Change			
Former Owner's Name:			
License Number	Expiration	Date change took place	

SECTION 3: MANAGER/DIRECTOR CONTACT INFORMATION

Name of Manager / Director		Title
Telephone Number	Email Address	
()		

SECTION 4: GENERAL CONTACT INFORMATION FOR SCHOOL

Primary Phone #	Fax #	Email Address
()	()	
Website Address		

SECTION 5: COURSE OFFERING (See Board Rules Chapter 27 Subchapter 2(1)(15))

Courses offered to students (check all that apply)	
<input type="checkbox"/> Aesthetics – 600 clock hours	<input type="checkbox"/> Cosmetology - 1500 clock hours
<input type="checkbox"/> Barber Hair Styling – 800 clock hours	<input type="checkbox"/> Nail Technology – 200 clock hours
<input type="checkbox"/> Hair Designer – 1,200 clock hours	<input type="checkbox"/> Instructors - 1000 clock hours

For each course offered you must submit the following with this application:

- Curriculum, course outline, instructional schedule and daily lesson plan;
- Orientation materials and overview of all subjects taught;
- Testing and assessments; and
- Teaching aids

SECTION 6: SCHOOL HOURS

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

SECTION 7: PRE-SITE EVALUATION, FINAL INSPECTION

PRE-SITE EVALUATION			
If requesting a pre-site evaluation, please list date and time options.			
	DATE	BEGIN TIME	END TIME
1.			
2.			
3.			

FINAL SITE INSPECTION			
If you are not requesting a pre-site evaluation, please list the date and time options for this office to conduct an inspection of the completed and ready to open site. <i>(Notice: A school, including a satellite classroom, may not operate until a final inspection has been conducted and approved.)</i>			
	DATE	BEGIN TIME	END TIME
1.			
2.			
3.			

EVERY ATTEMPT WILL BE MADE TO ACCOMMODATE YOUR REQUEST. A MINIMUM OF 25 DAYS NOTICE IS REQUESTED.

SECTION 8: INSTRUCTIONAL STAFF

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

SECTION 8 (CONTINUED): INSTRUCTIONAL STAFF

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

Staff Name		Teaching Assignment	
License Number	Expiration	Date of Employment	

SECTION 9: FLOOR PLAN, ELECTRICAL, PLUMBING AND FIRE SAFETY STANDARDS, WATER SUPPLY

A. Floor Plan of School

(See Program Rules Chapter 27 Subchapter 2 (1)(7))

- A scaled floor plan of the school that details the purpose of each area of the school including, but is not limited to: entrances; exits; dispensary; clinic; student practice laboratory; theory classroom; public reception area; product retail center; shampoo sinks; utility sinks; work stations; student library; student lounge center; product and equipment stock; supply and storage room; offices and public restroom facilities. If the school is part of a commercial building, the applicant shall include an additional scaled drawing and floor plan of the entire premises showing the relative position of the prospective school area and the location of all entrances, restrooms and storage areas.

B. Plumbing, Electrical Requirements, Fire Safety Requirements

(See Program Rules Chapter 27, Subchapter 2(1)(10))

- All plumbing must be in compliance with the Uniform Plumbing Code as adopted by the Plumber's Examining Board. Documentation certifying compliance by the city or town plumbing inspector is attached to my application;
- All electrical installations must be in compliance with the National Electrical Code as adopted by the Electrician's Examining Board. Documentation certifying compliance by city or state electrical inspectors is required. A copy is attached to my application; or
- A Certificate of Occupancy is attached to my application; and
- Documented evidence that the school meets applicable Maine and local fire safety standards. Documentation should include copies of current permits or certificates indicating compliance.

C. Water Supply

(See Program Rules Chapter 27, Subchapter 2(1)(9))

- Public water supply.
- Private water supply. Attach a copy of a recent satisfactory water test for private water sources only.

SECTION 10: INSURANCE INFORMATION

Liability Insurance

(See Program Rules Chapter 27 Subchapter 2 (1)(13))

- A copy of the school's current insurance policy which meets the requirements set in rule.
- Professional liability insurance
- Public liability insurance

SECTION 12: SUBMISSIONS REQUIRED WITH THIS APPLICATION:

School Catalog/Brochure

(See Program Rules Chapter 27 Subchapter 2 (1)(18))

- Submit a copy of the current school catalog/brochure.

Tuition, Fees, Other Charges – Cite catalog/brochure page(s)

(See Program Rules Chapter 27, Subchapter 2(1)(14))

Tuition, Fees, Other Charges		Catalog/brochure page(s)
A		
B		
C		
D		
E		

SECTION 12 (CONTINUED): SPECIFIC INFORMATION

Admission Requirements – Cite catalog/brochure page(s)

(See Board Rules Chapter 27 Subchapter 2(1)(15))

Admission Requirements		Catalog/brochure page(s)
A		
B		
C		
D		

Record Keeping and Reporting Procedures

(See Board Rules Chapter 27 Subchapter 3(18))

- Submit a copy of the record keeping forms and reporting procedures that will be used.

Academic Progress Standards

(See Board Rules Chapter 27, Subchapter 3(19))

- Submit a copy of the academic progress standards that will be used

Graduation Requirements – Cite catalog/brochure page(s)

(See Program Rules Chapter 27 Subchapter 2 (1)(16))

Graduation Requirements		Catalog/brochure page(s)
A		
B		
C		
D		
E		

Teach-out Policy

(See Program Rules Chapter 27 Subchapter 2 (1)(20))

- Submit a copy of the sample teach-out plan (See Chapter 27, Subchapter 3(8)(5))

SECTION 13: NOTICES

Please Note:

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 14: LAWS AND RULES

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

Maine Barbering and Cosmetology Laws and Rules

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

Title 5 Administrative Procedures and Services § 341

<http://legislature.maine.gov/statutes/5/title5ch341sec0.html>

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

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 websites 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 14: ENDORSEMENT FOR NEW SCHOOL APPLICATION

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 and will be returned. 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	Title
Signature	Date
	