



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.

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

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
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 TEMPORARY 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; and
2. Transcript or affidavit demonstrating that you have satisfactorily completed your course of study, or verification from the state licensing board or jurisdiction in which you attended and completed your course of study.

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.

The Barbering & Cosmetology Licensing Program requires that all supporting documents and fees be submitted with the filing of your application. All fees are non refundable. **Your application will be considered incomplete if your supporting documents and/or fees are omitted. An application that remains incomplete for more than sixty (60) days will become null and void.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

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.

NOTICES:

Pursuant to 32 MRS §14230, a license is valid for **6 months** from date of issuance and is not renewable. This license will allow you to practice in the profession for which you are seeking licensure only, and only under the direct supervision of a person who holds a valid license to practice within the same scope of practice.

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 Professional and Financial Regulation §§8001-8011

<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 or on the websites listed above. These documents may be subject to change without notice and it is 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>		- -	
CONTACT ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL (Your license will be emailed)	

Barbering and Cosmetology Licensing Program

Temporary License

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

Required Fees: \$10.00 (Non Refundable)

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

- | | |
|--|---|
| <input type="checkbox"/> Temporary Aesthetician (TA1441) | <input type="checkbox"/> Temporary Cosmetologist (TC1441) |
| <input type="checkbox"/> Temporary Barber Hair Stylist (TBH1441) | <input type="checkbox"/> Temporary Nail Technician (TM1441) |
| <input type="checkbox"/> Temporary Hair Designer (THD1441) | |

Office Use Only:

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

1441 - \$10.00

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>	
SIGNATURE		DATE	

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

Trainee– Course of Study Completed; if applicable.

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

SECTION 2: 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 3: 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
	