

Cosmetology Professions Apprenticeship

	□ Nail Technician□ Master Estheticia		arber □ Barber □ Hair Designer			
Fu	ıll Legal Name:					
		Middle				
			Gender: □ Male □ Female			
	Street Address (including	Apt/Unit/Ste #) and/or PO Box	7:			
			Zip:			
가	none: ()	Email:	ees and communication will be sent to this email.			
Or	iver License or State ID C	ard:	Expiration Date			
	DTE: If you do not hold a US D		st present a legible copy of your current			
1. 2.	I certify that to the best of my document(s) are true and cor	all respects for the license for which I an knowledge, the information contained in rect, discloses all material facts regarding bessary, prior to any action on my applic	n the application and all supporting ng the applicant, and that I will update or			
3.	I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.					
	of Utah, any files, records, or	nce in this application, to release to the I information of any type reasonably requ	Division of Professional Licensing, State uired for the Division to properly evaluate			
4.	of Utah, any files, records, or my qualifications for licensure I understand that it is the cor apply the requirements conta	nce in this application, to release to the I information of any type reasonably requ	Division of Professional Licensing, State uired for the Division to properly evaluate f Utah. I licensees to read, understand, and g to the occupation or profession for			
	of Utah, any files, records, or my qualifications for licensure I understand that it is the cor apply the requirements conta which I am applying, and that	nce in this application, to release to the I information of any type reasonably reque- e/certification/registration by the State of intinuing responsibility of applicants and ained in all statutes and rules pertaining at failure to do so may result in civil, add by pose a direct threat to myself, to my of	Division of Professional Licensing, State uired for the Division to properly evaluate f Utah. I licensees to read, understand, and g to the occupation or profession for			
4.5.6.	of Utah, any files, records, or my qualifications for licensure. I understand that it is the corapply the requirements contawhich I am applying, and that I certify that I do not currently welfare because of any circum.	nce in this application, to release to the Dinformation of any type reasonably requescertification/registration by the State of antinuing responsibility of applicants and ained in all statutes and rules pertaining at failure to do so may result in civil, admits a direct threat to myself, to my comment or condition.	Division of Professional Licensing, State uired for the Division to properly evaluate f Utah. I licensees to read, understand, and g to the occupation or profession for ministrative, or criminal sanctions. clients, or to the public health, safety or			
5. 6.	of Utah, any files, records, or my qualifications for licensure. I understand that it is the corapply the requirements contawhich I am applying, and that I certify that I do not currently welfare because of any circu I understand that I am respolicense/certification/registrations.	nce in this application, to release to the Dinformation of any type reasonably requescertification/registration by the State of intinuing responsibility of applicants and ained in all statutes and rules pertaining at failure to do so may result in civil, addry pose a direct threat to myself, to my committee or condition.	Division of Professional Licensing, State uired for the Division to properly evaluate f Utah. I licensees to read, understand, and g to the occupation or profession for ministrative, or criminal sanctions. clients, or to the public health, safety or			



	A	PPRENTICE SU	PERVISOR						
Applicar	nt's Name:	Middle							
Name of	First Licensed Instructor:		Last						
	License Number:			r:					
Name o	f Establishment:								
Addre	ss:	City:	S	tate:	Zip:				
Phone	e: (Em	nail:						
By signing below, I certify that I am qualified to act as the supervisor for the apprentice applicant listed above as required by Utah Code \sigma 58-11a-306 . I have read and understand the requirements for "direct supervision" found in Division Rule and I agree to provide the required level of supervision to the applicant.									
I under	stand that an apprentice	ship may not be	gin prior to being	approved	l by the Division				
Instructor Signature:				Date: _					
Note:		Incomplete application of the state of the s	ions will be denied. mean automatic apolicy 01, the Division will tial relationship to to ormation regarding	oproval fo I determir the applic past ever	or licensure. ne whether a ant's ability to				
with rega	olication is classified as a pub ard to the release of informati ernment Records Access and	on, which is sub-cla	assified as controlled,	private, or					
\$20.0	wing items are required to co 00 non-refundable applicatio completed application with t	n-processing fee, n	nade payable to "DOP	DL".					
Note:	If you would like the Divisi apprenticeships, please c								
By US P Divis PO I	ompleted application(s) to the costal Service: sion of Professional Licer BOX 146741 Lake City, UT 84114-6741	By n sing	in-person or expres Division of Profess Heber M Wells Bui 160 E 300 S	sional Lic	ensing				

If you have questions, please contact the Division at 801-530-6628 or by email at **B2@Utah.gov**.

Salt Lake City, UT 84111