



APPRENTICE SUPERVISOR

Applicant's Name: _____
First Middle Last

Name of Licensed Instructor: _____

Trade License Number: _____ Instructor License Number: _____

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

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 § 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 understand that an apprenticeship may not begin prior to being approved by the Division.

Instructor Signature: _____ Date: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Note: *Completion of an apprenticeship doesn't mean automatic approval for licensure. In accordance with [Utah Code § 58-11a-401](#), the Division will determine whether a past criminal conviction bears a substantial relationship to the applicant's ability to safely or competently practice. More information regarding past events may be found at: dopl.utah.gov/cosmetology/criminal-history-guidelines.*

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

- \$20.00 non-refundable application-processing fee, made payable to "DOPL".
- Your completed application with the required supervisor signature.

Note: *If you would like the Division to approve multiple Cosmetology Profession's apprenticeships, please complete a unique application and pay fees for each one.*

Submit completed application(s) to the Division:

By US Postal Service:
Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

By in-person or express delivery:
Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111

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