



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
**Board of Barbering, Cosmetology and Esthetics**  
7 Eagle Square, Concord, NH 03301  
Phone: 603-271-2152

**BOARD OF BARBERING, COSMETOLOGY, AND ESTHETICS**  
**APPLICATION FOR REGISTRATION AS A SHOP APPRENTICE**

Please circle type of apprenticeship you are applying for:

BARBER    MASTER BARBER    COSMETOLOGIST    ESTHETICIAN    MANICURIST

**YOU MUST ENCLOSE THE FOLLOWING:**

1. Application Fee. Please make check or money order payable to: “Treasurer, State of New Hampshire”;
2. A copy of high school diploma or equivalent if you are under 21, or a letter from your high school indicating you are currently enrolled and on track for graduation;
3. A copy of your driver’s license or birth certificate providing proof of age;
4. A completed Questionnaire for Applicants and Licensees.

Apprentice Name: \_\_\_\_\_  
  First    Middle    Last

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ SS # (optional): \_\_\_\_\_

Email (optional; renewal notices will be emailed only): \_\_\_\_\_

**I, hereby certify that the statements made in this application and in any other documents submitted in connection with this application are true and accurate. I have not withheld information that is requested. I am aware that a false, dishonest, or misleading answer may be grounds for: 1) denial of this application; 2) disciplinary action against my license; and further that false statements are punishable by law.**

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BOARD OF BARBERING, COSMETOLOGY, AND ESTHETICS  
(INSTRUCTOR PORTION OF APPLICATION)**

Instructor name (please print): \_\_\_\_\_

Instructor initial licensure date: \_\_\_\_\_ Instructor license number: \_\_\_\_\_

Name of shop where instruction will take place: \_\_\_\_\_

Address of shop where instruction will take place: \_\_\_\_\_

Telephone # of shop where instruction will take place: \_\_\_\_\_

Apprentice's name: \_\_\_\_\_

Apprentice Enrollment Date: \_\_\_\_\_

**By signing this form I agree to the following statement:**

**“I certify that the apprentice whose name is stated above is serving his/her apprenticeship training under my direction. I agree to notify the Board office in writing when the apprenticeship is completed or has terminated. I understand by signing this application I agree to ensure the apprentice is in compliance with the Board’s Administrative Rules and governing statute and should the apprentice fail to comply, I will be subject to disciplinary action by the Board.”**

Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_