

**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: _____