

SALON INFORMATION

Salon Trade Name (as shown on salon sign):

Salon License Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Salon Telephone Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are there currently any approved apprentices working in your salon? YES NO
 If yes, provide their name(s) and permit number(s) below:

In addition to the licensed cosmetology teacher who will instruct the apprentice, there must be two additional individuals licensed by the State Board of Cosmetology employed full time (not less than 25 hours per week) in the salon for each apprentice registered. The teacher and two licensees must be in the salon at all times while the apprentice is training. If any apprentice(s) are already training in the salon, the licensees listed cannot be the same two licensees as listed for any other apprentice. The required licensees may be cosmetologists, cosmetology managers, or cosmetology teachers. Any combination of these three license classes is acceptable. List the names and license numbers of the two additional employees and have them sign in the applicable SIGNATURE section below.

NAME: BBLICENSENUMBER: BBB

NAME: BBLICENSE NUMBER: BB

SIGNATURES

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. §4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

 Signature of Apprentice Applicant Date

 Signature of Cosmetology Teacher D ate

 Signature of Salon Owner Date

I certify that I am a full-time (not less than 25 hours per week) employee in the above named salon in which this apprentice will train:

 Signature - Employee D ate

 Signature - Employee D ate

SOCIAL SECURITY ACT CERTIFICATION

In order to comply with federal law, the State Board of Cosmetology is obligated to inform each applicant or licensee from who it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. §4304.1(a). In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number.

Signature of Apprentice Applicant*

Date

CRIMINAL HISTORY RECORD CHECK*

You **MUST** request an official Criminal History Record Check (CHRC) from the state agency for every state in which you have resided for the past 5 years. The report(s) must be dated within 6 months of the date of your application for reciprocity. This report can be sent to you and forwarded to the Board with your application. For a Pennsylvania CHRC, this can be done online at <http://epatch.pa.gov>.

LEGAL QUESTIONS*

You **must** answer all questions below. Your application will not be processed without answers to these questions.

1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state of jurisdiction?

YES NO

If you answered "yes" to the above question, please provide the profession and state or jurisdiction.

Profession: _____ State: _____

2. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntarily surrender in lieu of discipline?

YES NO

3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?

YES NO

4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state?

YES NO

5. Have you been convicted (found guilty, pled guilty or pled nolo contendere) received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.

YES NO

6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?

YES NO

If you answered "yes" to any of these questions, provide complete details as well as certified copies of relevant documents.

Signature of Apprentice Applicant*

Date

* indicates a required field