

Office of Professional Regulation  
Board of Barbers & Cosmetologists  
National Life Bldg., North, Fl 2  
Montpelier, VT 05620-3402

**VERMONT BOARD OF BARBERS AND COSMETOLOGISTS**  
**SUPERVISOR/APPRENTICE NOTIFICATION**

I, \_\_\_\_\_, hereby agree to take full responsibility  
(Name of Supervising Licensee)

for the complete apprenticeship training of \_\_\_\_\_ related  
(Name of Apprentice/Applicant)

to obtaining a \_\_\_\_\_ license.  
(License Type)

_____ (Name of Shop)	_____ (Shop License #)	_____ (Name of Apprentice)
_____ (Street Address)		_____ (Address of Apprentice)
_____ (City, State, and Zip)		_____ (City, State, and Zip)
_____ (Business Telephone Number)		_____ (Apprentice Home Number)

The apprenticeship training which will begin on \_\_\_\_\_ will follow the  
(Month/Day/Year)

guidelines set forth in the Laws & Administrative Rules of the Board of Barbers and Cosmetologists.

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Apprentice Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License # \_\_\_\_\_ Date of Initial Licensure: \_\_\_\_\_

Apprentice Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cosmetologist/Barber - 2000 hours  
Esthetician - 800 hours  
Manicurist - 600 hours

<b>Section A</b>	Name of applicant _____	
Circle Yes or No. A yes requires a written explanation, and/or other documentation.		
1. Have you been convicted of a crime other than a minor traffic violation? <i>If "yes," explain and attach the court documents, if any.</i>	YES	NO
2. Has Vermont, any other state, territory, or other jurisdiction, denied your application for a license, certificate, or registration in any profession or occupation? <i>If the answer is "yes," provide a certified copy of the action.</i>	YES	NO
3. Has Vermont, any other state, territory, or other jurisdiction, restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If the answer is "yes," provide a certified copy of the action.</i>	YES	NO

<b>Section B</b>	<b>Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions</b> Pursuant to 15 V.S.A. § 795, 32 V.S.A. § 3133, and 21 V.S.A. § 1378 you are required to answer the following:	
<b>Child Support</b>	<b>You must check one of the statements below regarding child support:</b>	
	This does not apply to me, because I do not have any children; OR	
	I do not owe any child support, or I do owe child support, but am under a plan with the Office of Child Support to pay all child support due; OR	
	I am behind in my child support, and I request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an Application for Hardship	

<b>Taxes</b>	<b>You must check one of the two statements below regarding taxes.</b>	
	All tax returns have been filed, and I do not owe any taxes, or I owe taxes but am under a plan with the Department of Taxes to pay all taxes due or they are under appeal; OR	
	I am behind in my tax payments, and I request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an Application for Hardship.	

<b>Unemployment Compensation</b>	<b>You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions.</b>	
	This does not apply to me, because I am not now, nor have I ever been, an employer; OR	
	I do not owe any unemployment compensation, or I owe unemployment compensation but am under plan with the Unemployment Division to pay any and all unemployment compensation due; OR	
	I am behind in my unemployment compensation payments, and I request that the licensing authority determine that immediate payment would impose an unreasonable hardship. Please forward an Application for Hardship.	

Social Security #	Date of Birth
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\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Departments of Taxes, Child Support and Employment and Training in the administration of Vermont law, to identify individuals affected by such laws. Your Social Security Number is not subject to disclosure as part of a public records request.

### Statement of Applicant

I certify under the pains and penalties of perjury, that the information stated by me in this application is true and accurate to the best of my knowledge, and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

I further certify that I have read and understand the statutes and rules regulating the practice of Barbering & Cosmetology in the State of Vermont ([www.vtprofessionals.org](http://www.vtprofessionals.org)).

Signature of Applicant

Date