



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

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APPRENTICESHIP SHOP/SALON AND SUPERVISOR INFORMATION

APPRENTICE INFORMATION – *To be completed by the Apprentice.*

Name: _____ Application Number: _____

INFORMATION ABOUT SHOP/SALON WHERE APPRENTICESHIP TO BE SERVED

This section is to be completed and signed by the shop owner.

The shop or salon must have at least one person licensed on staff in the profession in which this apprentice's instruction is being provided. A shop owner *cannot* work as an apprentice in his or her own shop.

Name of Shop: _____ Phone: _____

Location Address: _____
Street

City State Zip

Owner Name(s): _____

Owner Address: _____
Street

City State Zip

Professional (*not* Business) License Number of Shop/Salon: **M9** - _____

Shop Owner's Signature: _____ Date: _____

SUPERVISION INFORMATION

This section is to be completed and signed by the Supervisor.

Each supervisor is permitted to supervise two apprentices at a time. The apprenticeship must be approved *before* the apprentice begins accruing hours.

Name of Supervisor: _____ License Number: _____ - _____

Do you agree to report the apprenticeship hours accrued by this apprentice when the apprentice leaves your supervision, regardless of the reason for the apprentice's departure? Yes No

Anticipated Apprenticeship Start Date: _____

How many hours will the apprentice work? _____ hours per day _____ days per week

Supervisor's Signature: _____ Date: _____

UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS