



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

STATE OF DELAWARE  
**BOARD OF COSMETOLOGY & BARBERING**

TELEPHONE: (302) 744-4500  
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## STATEMENT OF SHOP/SALON PROFESSIONAL-IN-CHARGE

### INSTRUCTIONS

#### When to Complete

Complete this form when...

- applying for a Delaware license for a shop/salon, including a mobile shop/salon, **or**
- reporting a change in the Professional-in-Charge of a Delaware-licensed shop/salon or mobile shop/salon.

#### Professional-in-Charge Requirements

The Professional-in-Charge of a Delaware-licensed shop/salon:

- is responsible for all operations of the shop/salon, including ensuring that all employees are licensed when required by law
- must hold a current Delaware license
- may serve as the Professional-in-Charge for only one shop/salon at a time.

When the Professional-in-Charge of a shop/salon changes...

- **The outgoing (former) Professional-in-Charge must notify the Board in writing within 10 days of termination as the Professional-in-Charge.**
- **The incoming (new) Professional-in-Charge must sign the PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT on this form.**

### SHOP/SALON INFORMATION

1. Name of Shop/Salon: \_\_\_\_\_  
Enter name as it appears on license or on application for license.

2. **Shop/Salon Location Address:** \_\_\_\_\_  
Street (*No PO Boxes*)  
\_\_\_\_\_  
City State Zip

3. Why are you submitting this form? Check one:

- In connection with an application for a *new Delaware license* for the shop/salon above. Skip to Question 5.
- To report a change in the professional-in-charge for the *Delaware-licensed shop/salon* above. Enter Shop/Salon Delaware License No: M \_\_\_\_ - \_\_\_\_\_. Continue to next question.

### PROFESSIONAL-IN-CHARGE INFORMATION

4. Enter the following information about the **outgoing (former)** Professional-in-Charge:

Full Name: \_\_\_\_\_

DE license number: \_\_\_\_ - \_\_\_\_\_

5. Enter the following information about the **incoming (new)** Professional -in-Charge:

Full Name: \_\_\_\_\_

When does (did) this person become the Professional-in-Charge? \_\_\_\_\_

Is this person licensed in Delaware? Yes  No  If yes, enter DE license number: \_\_\_\_ - \_\_\_\_\_

**The Professional-in-Charge must complete and sign the ACKNOWLEDGMENT OF PROFESSIONAL-IN-CHARGE section below. The acknowledgment must be notarized.**

**PROFESSIONAL-IN-CHARGE ACKNOWLEDGMENT**

1. Do you understand that you are responsible for conducting and managing the shop/salon named above in compliance with all applicable state and federal laws, including ensuring that all employees are licensed when required by law? Yes  No
2. Have you read and understood that you can be a Professional-in-Charge for only one shop at any given time ([24 Del. C. § 5118](#))? Yes  No
3. Do you agree to notify the Board of Cosmetology & Barbering in writing within 10 days of your termination as professional-in-charge? Yes  No

**Professional-in-Charge Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your Email: \_\_\_\_\_

State of \_\_\_\_\_ County or City of \_\_\_\_\_

\_\_\_\_\_ being first duly sworn, deposes and says that he/she is the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

SEAL Signature of Notary Public: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Mail this form to:** Board of Cosmetology/Barbering  
861 Silver Lake Blvd., Suite 203  
Dover DE 19904-2467