



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY & BARBERING

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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...

- **Use the *Manage Affiliations Service Request* in [DELPROS](#) to provide details regarding the change. Upload the completed document with your Service Request.**
- **The outgoing (former) Professional-in-Charge must complete the service request 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: _____

IF THIS IS AN APPLICATION FOR LICENSURE, MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE.

ENTER YOUR APPLICATION ID: _____

IF THIS IS A SUBMISSION FOR THE *MANAGE AFFILIATIONS* SERVICE REQUEST, UPLOAD THIS DOCUMENT WITH YOUR REQUEST.