

Barber, Cosmetologist, Esthetician, or Manicurist Student/Apprentice Registration

Schools/Apprentice salons must use this form to notify us when a student:

- registers for training.
- requests a leave of absence.
- terminates.

Send this completed form to:

**Cosmetology
Department of Licensing
PO Box 9026
Olympia, WA 98507-9026**

Student/Apprentice information

TYPE OR PRINT Name (Last, First, Middle)			Date of birth	
Residence address				
City	State	ZIP code	(Area code) Home telephone number	
Current or previous license number	Social Security number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

School/Apprentice salon information

TYPE OR PRINT Name of school/apprentice salon				
School/Apprentice salon address				
City	State	ZIP code	(Area code) Telephone number	
Program enrolled in <input type="checkbox"/> Barber <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Esthetician <input type="checkbox"/> Manicurist <input type="checkbox"/> Instructor			Date enrolled	
Status <input type="checkbox"/> New <input type="checkbox"/> Restart <input type="checkbox"/> Transfer <input type="checkbox"/> Leave of absence <input type="checkbox"/> Terminated with _____ clock hours on _____ (date)				
Name of school transferred from (if applicable)				

Certification

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place

X

Signature of authorized school/apprentice salon representative