



**Cosmetology, Hair Design, Barber, Manicurist,
Esthetician, or Master Esthetician
Apprentice Registration**

Register an apprentice.

Apprentice salons must use this form to notify us when an apprentice:

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

Apply online: <https://professions.dol.wa.gov>



Or mail this completed form to:

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

For questions or language help call: (360) 664-6651

Apprentice

TYPE OR PRINT Name (Last, First, Middle)		Date of birth (mm/dd/yyyy)	
Mailing address			
City		State	ZIP code
(Area code) Phone number		Social Security number*	
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Apprentice salon

TYPE OR PRINT Name of apprentice salon			Salon shop license number	
UBI/UBI Business ID/UBI Location ID (16 digits)				
Physical address				
City		State	ZIP code	(Area code) Phone number
Mailing address (if different)				
City		State	ZIP code	
Program enrolled in <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Hair Design <input type="checkbox"/> Barber <input type="checkbox"/> Manicurist <input type="checkbox"/> Esthetician <input type="checkbox"/> Master Esthetician				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 apprentice salon transferred from (if applicable)				

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

X

Signature of authorized apprentice salon representative

Date and place

Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.