

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

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

- 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**

Apprentice

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

*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it may result in denial of your application.

Apprentice salon

TYPE OR PRINT Name of apprentice salon			
Address			
City	State	ZIP code	(Area code) Telephone number
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 (<i>if applicable</i>)			

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 apprentice salon representative