

Number: _____
Date _____ Approved/Denied: _____
Approved/Denied By: _____

- Barber Apprentice Esthetician Apprentice
 Cosmetologist/Barber Apprentice Master Esthetician Apprentice
 Nail Technician Apprentice

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
 I am a foreign national not physically present in the United States.
 None of the above, please explain: _____

**Drivers License
or State ID Card:**

State of Issue License Number Expiration Date

NOTE: If you do not hold a US Drivers License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

INSTRUCTOR/SUPERVISOR REQUIREMENT:

Name: _____ License Number: _____

Beginning Date of Apprenticeship: ____/____/____

Instructor Signature: _____

REGISTRATION CHECKLIST AND INSTRUCTIONS

NOTE: Incomplete applications will be denied.

Your application for registration is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

NOTE: Your Instructor must hold a valid professional instructor license and have an active requisite license.

The following items are required to complete your registration:

- \$20.00 non-refundable application-processing fee, made payable to "DOPL".
- Completed Application for Registration Form, including "Instructor/Supervisor requirement" section.

Registration fees: There are separate fees for each apprentice registration. Please ensure that you have submitted the correct fee for the number of apprentice registrations being applied for.

Registration fees can be paid by check or money order, made payable to "DOPL". Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office only. DOPL will not take payment over the phone.

Laws and Rules: You are required to understand all Utah Laws and rules pertaining to your practice. The applicable laws and rules can be found at www.dopl.utah.gov/licensing/cosmetology_barbering.html.

Submit the above items with your completed application for Registration to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741