

Cosmetology Professions Apprenticeship

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| <input type="checkbox"/> COSMETOLOGIST/BARBER | <input type="checkbox"/> BARBER | <input type="checkbox"/> HAIR DESIGN |
| <input type="checkbox"/> NAIL TECHNOLOGY | <input type="checkbox"/> ESTHETICIAN | <input type="checkbox"/> MASTER ESTHETICIAN |
| <input type="checkbox"/> EYELASH & EYEBROW TECHNICIAN | | |

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN:* _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
* If you don't have a social security number, please follow the instructions on the last page.

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

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____
Note: All Division notices and communication will be sent to this 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: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

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

AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and 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.

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 Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

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.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____

APPRENTICE SUPERVISOR

Applicant's Name: _____
First Middle Last

Name of Licensed Instructor: _____

Trade License Number: _____ Instructor License Number: _____

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

By signing below, I certify that I am qualified to act as the supervisor for the apprentice applicant listed above as required by [Utah Code § 58-11a-306](#). I have read and understand the requirements for “direct supervision” found in Division Rule and I agree to provide the required level of supervision to the applicant.

I understand that an apprenticeship may not begin prior to being approved by the Division.

Instructor Signature: _____ Date: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

NOTE: Incomplete applications will be denied.

Note: *Completion of an apprenticeship doesn't mean automatic approval for licensure. In accordance with [Utah Code § 58-11a-401](#), the Division will determine whether a past criminal conviction bears a substantial relationship to the applicant's ability to safely or competently practice. More information regarding past events may be found at: dopl.utah.gov/cosmetology/criminal-history-guidelines.*

Your application 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.

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Code § R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

The following items are required to complete your application:

- ☐ \$20.00 non-refundable application-processing fee, made payable to “DOPL”.
- ☐ Completed application with the required supervisor signature.

Note: *If you would like the Division to approve multiple Cosmetology Profession's apprenticeships, please complete a unique application and pay fees for each one.*

Submit completed application(s) to the Division:

By US Postal Service:

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

By in-person or express delivery:

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

If you have questions, please contact the Division at 801-530-6628 or by email at B2@Utah.gov.