



APPRENTICE SUPERVISOR

Applicant's Name: _____
First Middle Last

Name of Licensed Instructor: _____

Trade License Number: _____ Instructor License Number: _____

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" 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.

The following items are required to complete your application:

- \$20.00 non-refundable application-processing fee.
- Your 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.*

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