

*****FOR OFFICE USE ONLY*****

Barber Apprentice Checklist

- Application
- Copy of Driver's License/State ID
- High School Verification



*****FOR OFFICE USE ONLY*****

Application Approved:

License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island
Board of Hairdressing & Barbering**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As A***

Barber Apprentice

FOR OFFICE USE ONLY

License # _____
Name _____

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - You may not practice until your license is issued.
- Submit a copy of driver's license or state issued id
- Verification of High School Graduation or GED equivalency - Transcript sent directly from the school or copy of diploma or GED. NOTE: If you graduated from a foreign High School, you must contact the Center for Education, Boston, MA, at (617) 338-7171 for High School Verification

No person shall engage to work as an apprentice barber unless such person is duly registered by the Department of Health. An apprentice barber shall perform barbering under the direct supervision of a licensed barber. The supervising barber must be on the premises at all times with the apprentice. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once your application is complete it will be reviewed, and you will be issued a registration number.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.



State of Rhode Island Board of Hairdressing & Barbering

Application for License as a Barber Apprentice

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

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U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

 / /

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

Zip Code

Country, if NOT U.S.

Postal Code, if NOT U.S.

 -

Home Phone

 -

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (High School, University, College, Trade/Technical School etc.)

Name of School

Did you attend a barbering school? Yes No

Name of Barbering School

Number of Hours:

7a. Affidavit of Applicant

I, _____, HEREBY make application to the Office of Health Professions Regulation to be registered as an apprentice barber in accordance with Chapter 5-10 of the General Laws and the provisions of the Rules and Regulations for the Licensing of Barbers (R5-10 Hair).

Signature of Apprentice

Date of Signature (MM/DD/YY)

7b. Affidavit of Supervising Barber

Make sure that you have completed all components accurately and completely.

I, _____ RI License Number - BA _____ operating a Hair Design Shop under the Business name of _____

Located at _____
Street City/Town State Zipcode

In consideration of the above agreement of _____ I hereby agree to employ him/her as an apprentice barber on a full time basis for a two year period or a six-month apprenticeship to those applicants who have completed a 1000 hour Barber Training Program in an accredited school. I further agree that in the event his/her services should be terminated prior to the completion of the applicable period, that I will immediately notify the Center for Professional Licensing, Board of Hairdressing and Barbering. I hereby acknowledge that failure to comply with the above conditions of this agreement may result in disciplinary action against my state license(s) by the Department of Health.

NOTE: Supervising Barber must have held a Barber License for at least three (3) years in order to sponsor an apprentice.

Signature of Supervising Barber

Date of Signature (MM/DD/YY)