

FOR OFFICE USE ONLY

Barber Apprentice Checklist

- Application
- Birth Certificate
- High School Verification
- Barbert Training Hours
- Photo



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

- 6 Month Apprenticeship with 1000 hours of Training
- 2 Year Apprenticeship

License # _____

Name _____

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

Application Process Overview

BEFORE starting an apprenticeship, an applicant must complete the application, attach a photo and provide a certified or notarized copy of a birth certificate or legal entry into the United States, such as a resident card or work VISA.

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

General Instructions

Complete and submit application along with the following:

1. Completed application signed & notarized (must be signed by both the applicant and the Barber/Hairdresser)
2. Verification of High School Graduation or GED equivalency
3. Transcript from Barber School Verifying Hours and Training (if applicable)
4. Certified copy of birth certificate
5. Passport size photograph

Mail To:

<p>Rhode Island Department of Health Board of Hairdressing & Barbering Room 104, 3 Capitol Hill Providence, RI 02908-5097</p>
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It is the sole responsibility of the applicant to check the status of he/her barber apprentice application. One should not assume that once the application is mailed to our office, an apprentice barber registration will be issued. If you have any questions about this application process, or you would like to check on the status of your apprentice application, please contact this office at (401) 222-2828.

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/hairdresser. The supervising barber/hairdresser 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. ***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:***

<https://healthri.mylicense.com/Verification/>

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

Title 5, Chapter10, entitled: Barbers, Hairdressers, Cosmeticians, Manicurists and Estheticians can be downloaded at the following web web site:

www.rilin.state.ri.us/statutes/title5/5%2D10/index.htm



State of Rhode Island Board of Hairdressing & Barbering

Application for License as a Hairdresser/Barber/Manicurist/Esthetician/Instructor

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

Country, if NOT U.S.

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Home Phone

State

Zip Code

Postal Code, if NOT U.S.

 -

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

If yes,

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/hairstresser

Complete sections 7a and 7b and sign in the presence of a notary public.

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

I, _____ RI License Number _____ 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 Office of Health Professions Regulation, 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.

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary Seal

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)

8. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph