

## IDAHO BARBER AND COSMETOLOGY SERVICES LICENSING BOARD

Idaho Division of Occupational and Professional Licenses

11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or

P.O. Box 83720, Boise ID 83720-0063

Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>

E-mail: [bcb@dopl.idaho.gov](mailto:bcb@dopl.idaho.gov)

### APPLICATION FOR APPRENTICE TRAINING

Please complete this form by providing the requested information and signing below. Your signature must be notarized. Submit the completed form and enclose payment of appropriate fees to the address above. Applications must include a Social Security number or other documentation required under Idaho Code 73-122. **(NOTE: Incomplete applications may delay licensure.)**

#### NOTICE

This completed form must be submitted to the Board and the apprentice permit issued before the applicant's training begins.

Please be aware of the requirement that apprentice training must take place under the immediate personal supervision of a licensed instructor AND another licensee. Any training received that is not in compliance with the laws and rules governing apprenticeships will not be allowed, and formal disciplinary action may be taken by the Board against the personal and facility licenses of any or all of those persons found to be in violation.

#### CHECKLIST FOR APPLICATION:

- Completed application. All requested information must be provided along with the notary seal.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable.
- Copy of transcript, diploma, etc. showing proof of completion of the tenth grade.
- Copy of marriage license, divorce decree or court order if name used on any accompanying documents does not match the name on the application.
- A curriculum with the breakdown of the training and hours.
- A map or diagram of the shop where the apprentice will be working.
- Attach correct fees. (\$50.00 for application fee and original license fee)

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

**Per IDAPA 24.28.01.550.07 an apprenticeship registration must not exceed the following lengths of time:**

- Barber apprentice – 57 weeks
- Barber-stylist apprentice – 94 weeks
- Cosmetologist apprentice – 104 weeks
- Esthetician/electrologist apprentice – 38 weeks
- Nail technician apprentice – 25 weeks

Each instructor, licensee, and applicant should review the laws and rules pertaining to apprenticeship training before entering into an apprenticeship-training program. The Idaho Barber and Cosmetology Services Licensure Laws and Rules may be downloaded at: <https://dopl.idaho.gov>. Please note that according to Section Idaho Code § 54-5803, you must be licensed to practice.

#### ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

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**APPRENTICE REGISTRATION APPLICATION**

Complete this form by providing the requested information and submit it to the address noted above. The signatures of the apprentice applicant, salon owner, and instructor must be notarized and the fee (\$50.00) must be attached.

**NOTE: IMPROPER REGISTRATION MAY RESULT IN THE LOSS OF TRAINING HOURS. THIS COMPLETED FORM MUST BE SUBMITTED TO THE DIVISION OFFICE AND THE APPRENTICE REGISTRATION ISSUED BEFORE THE APPLICANT’S TRAINING BEGINS.** Should the information you provide be found to be untrue or inaccurate, or the fees be non-collectable, your registration and training will be invalid.

I hereby submit my application to be registered as an apprentice in: (please check one box)  
[ ] Barber [ ] Barber Stylist [ ] Cosmetology [ ] Esthetics [ ] Nail Technology [ ] Electrology  
in the State of Idaho under the provisions of Title 54, Chapter 58, Idaho Code as amended.

**1. Full Name (Mr., Mrs., or Ms.)** \_\_\_\_\_  
(Your full legal name is required. Legal documentation of any name changes from birth to the present may be required.)

**2. Address of Record** \_\_\_\_\_  
(The above address is a public record.) Street City State Zip

**3. Mailing Address** \_\_\_\_\_  
(Will be used as address of record if none is provided above.) Street City State Zip

**4. Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy (Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)

**5. Social Security No.** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **E-mail** \_\_\_\_\_  
(This is not a public record; required under I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609.)

**6. Business Phone** (\_\_\_\_) \_\_\_\_\_ **Other Phone** (\_\_\_\_) \_\_\_\_\_  
(This number is a public record.) (This number is not a public record.)

**7. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**  
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) ( ) Yes ( ) No

**8. Do you have at least a tenth (10<sup>th</sup>) grade education or the equivalent?** ( ) Yes ( ) No  
(Proof of 10<sup>th</sup> grade education must be attached. Name change documentation is required if your name is different than on the transcript.)

**9. Shop/Establishment you will apprentice in (You will be notified of when your training may begin):**

\_\_\_\_\_  
Name of Shop Shop License #

**10. Have you received prior cosmetology or barber training in Idaho?** ( ) Yes ( ) No  
(If Yes, please attach the name of the school you attended, your name (if different), and the dates you attended.)

**11. Have you ever received a conviction, finding of guilt, withheld judgment or suspended sentence for any felony in any state, including Idaho, or other jurisdiction)?** ( ) Yes ( ) No  
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

**12. Are you or have you ever been licensed in any other jurisdiction?** ( ) Yes ( ) No  
(If Yes, certified documentation must be received by the Board directly from each licensing authority.)

**13. Have you ever had a professional license revoked, suspended, or restricted?** ( ) Yes ( ) No  
(If Yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

IDAHO BARBER AND COSMETOLOGY SERVICES LICENSING BOARD

APPRENTICE REGISTRATION APPLICATION

(continued)

**APPRENTICE AFFIDAVIT**

I hereby certify under penalty of perjury that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed the requirements for apprenticeship training and understand that I may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor and an additional licensee. I further certify that I do not have any infectious or contagious disease which may pose a threat to the general public and that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I hereby authorize and direct any person, agency, firm, or other entity to release to the Division of Occupational and Professional Licenses or its identified agent any and all information, communications, recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

\_\_\_\_\_  
Signature of Apprentice Applicant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_

**INSTRUCTOR AFFIDAVIT**

I hereby certify under penalty of perjury that I am an Idaho licensed instructor and that I have reviewed the requirements for apprenticeship training and understand that an apprentice may not practice independently and must receive all training under the immediate personal supervision of a licensed instructor and an additional licensee. I further certify that I will be present in the establishment with said apprentice at all times. I further certify that the attached curriculum outlines and identifies the apprentice-training program that will be provided to said apprentice. I further affirm that I am familiar with and agree to comply with all Barber and Cosmetology Services Licensing Board laws and rules concerning apprenticeships and that any failure to comply with those requirements may result in action against any personal or facility license I may hold.

I further certify that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief, and that I have confirmed the true identity of the applicant and that I have received and have on file acceptable documentation that the applicant is not less than 16 ½ years of age and that the applicant has met the 10<sup>th</sup> grade education requirement.

\_\_\_\_\_  
Signature of Instructor & License #

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_

**Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.**

**IDAHO BARBER AND COSMETOLOGY SERVICES LICENSURE BOARD**

**APPRENTICE REGISTRATION APPLICATION**

(continued)

**SHOP/ESTABLISHMENT OWNER AFFIDAVIT**

I hereby certify that I am the registered owner of the aforementioned shop and that I am familiar with and agree to comply with all laws and rules concerning apprenticeships and that any failure to comply with those requirements may result in action against any personal or facility license I may hold. I further certify that the list below is a complete roster of all current employees of the aforementioned salon in which the apprentice will receive training. I further certify that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Shop Owner

Shop Name \_\_\_\_\_ Shop License # \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature

My Commission Expires \_\_\_\_\_

**EMPLOYEE ROSTER**

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_

**(Please attach a separate list if additional space is necessary)**