



APPLICATION FOR AN APPRENTICE LICENSE (APPLICATION AND LICENSE FEE \$25.00)

CASHIERING USE ONLY <small>1021</small>	Cashiering Use Only Entity Number(s)	Receipt Number	\$25.00
Apprentice Type <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Electrologist			
SECTION A: APPLICANT INFORMATION (complete sections A and E)			
Social Security Number or ITIN <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth (must be at least 16 years old) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	
Last Name		First Name	Middle Name
Address		City	State CA Zip
Email Address		Phone Number	
SECTION B: ESTABLISHMENT INFORMATION (complete sections B and F)			
Establishment Name (as listed on the establishment license)		Phone Number	
Address		City	Zip
Establishment License Number A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Expiration Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	
SECTION C: TRAINER INFORMATION (complete sections C and G) <small>(Trainers can only have two apprentices under them at a time)</small>			
Last Name		First Name	Middle Name
License Type <input type="text"/> <input type="text"/>	Trainer License Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	
SECTION D: PRE-APPRENTICE TRAINER INFORMATION (complete sections D and H)			
Pre-Apprentice Trainer Provider Name		PT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date Training Began	Date Training Ended	Total Hours Completed	<input type="checkbox"/> Check this box if the pre-apprentice training was completed under a previous apprentice license. License # _____
Address Where Pre-Apprentice Training Took Place			
For BBC use only	Stations _____ Establishment Current Apprentices _____ Limit 2 Apprentices/Trainer <input type="checkbox"/> Current Establishment/Trainer License <input type="checkbox"/> No Fines/Discipline <input type="checkbox"/> Attachments <input type="checkbox"/> DAS <input type="checkbox"/>		

SECTION E: APPLICANT BACKGROUND INFORMATION AND CERTIFICATION

1. Have you ever been convicted of or pled no contest to a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? No Yes

If yes, submit the Disclosure Statement Regarding Criminal Pleas/Convictions form with this application.

2. Have you ever had any professional or vocational license or application denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country? No Yes

If yes, submit the Disclosure Statement Regarding Disciplinary Action form with this application.

The Board may send you a letter requesting additional information.

3. Have you completed the 10th grade in a public school or its equivalency? No Yes

4. Have you completed the 39-hour pre-apprentice training course? No Yes

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Apprentice

Date

SECTION F: ESTABLISHMENT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information contained in this section is true and correct (initial each line below):

_____ I have agreed to employ the named apprentice applicant for a minimum of 32 hours a week.

_____ The establishment has no outstanding fines, or any pending disciplinary action, nor has it completed a probationary period within the last 2 years.

_____ I have signed a Statement of Trainer Responsibilities available within the establishment.

_____ I understand I must hold a current establishment license at all times.

Signature of Establishment Owner

Printed Name

Date

SECTION G: TRAINER CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information contained in this section is true and correct (initial each line below):

_____ I have no outstanding fines or citations.

_____ I have no have disciplinary action pending against me, nor have I completed a probationary period within the last 2 years.

_____ I have signed a Statement of Trainer Responsibilities available within the establishment.

_____ I understand I must hold a current license at all times.

Signature of Trainer

Date

SECTION H: PROGRAM SPONSOR INFORMATION AND CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate and that the applicant has completed a 39 hour pre-apprentice training program by a Board approved provider.

Signature of Program Sponsor (not a stamp)

Date

Printed Name

Sponsor Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Phone Number

Email Address