



Cosmetology, Hair Design, Barber, Manicurist,
Esthetician, or Master Esthetician
Apprentice Registration

Register an apprentice.

Apprentice salons must use this form to notify us when an apprentice:

- registers for training
- requests a leave of absence
- terminates

Apply online: <https://professions.dol.wa.gov>

Or mail this completed form to:

Cosmetology
Department of Licensing
PO Box 9026
Olympia WA 98507-9026

For questions or language help call: (360) 664-6651



Apprentice

TYPE OR PRINT Name (<i>Last, First, Middle</i>)		Date of birth (mm/dd/yyyy)	
Mailing address			
City		State	ZIP code
(Area code) Phone number		Social Security number*	

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Apprentice salon

TYPE OR PRINT Name of apprentice salon			Salon shop license number	
UBI/UBI Business ID/UBI Location ID (16 digits)				
Physical address				
City	State	ZIP code	(Area code) Phone number	
Mailing address (<i>if different</i>)				
City	State	ZIP code		
Program enrolled in <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Hair Design <input type="checkbox"/> Barber <input type="checkbox"/> Manicurist <input type="checkbox"/> Esthetician <input type="checkbox"/> Master Esthetician				Date enrolled
Status <input type="checkbox"/> New <input type="checkbox"/> Restart <input type="checkbox"/> Transfer <input type="checkbox"/> Leave of absence <input type="checkbox"/> Terminated with _____ clock hours on _____				
Name of apprentice salon transferred from (<i>if applicable</i>)				

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____ Date and place	_____ TYPE or PRINT Name X _____ Signature of authorized apprentice salon representative
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Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.