



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPRENTICE SUPERVISOR APPLICATION

BOARD OF COSMETOLOGY
 AND BARBER EXAMINERS
 PO BOX 1062
 JEFFERSON CITY, MO 65102
 (573) 751-1052

INSTRUCTIONS

This form must be completed to apply for apprentice supervisor approval. Please provide the additional information as required for apprentice supervisor approval along with this completed application. All fees are non-refundable.

1. Application fee of \$75.00.
2. Proof of successful completion of a twelfth (12) grade education (diploma or General Education Development (GED) certificate) (Cosmetology Only).
3. Two (2) bust photographs measuring two inches square (2" x 2") taken within the last two (2) years.
4. The contract, if any, between the apprentice supervisor and the apprentice.
5. Please attach 2 letters of Professional Reference and 2 letters of Personal Reference.

- CLASS CA-Hairdressing & Manicuring CLASS CH-Hairdresser CLASS MO-Manicurist CLASS E-Estheticians
 Barber

APPRENTICE SUPERVISOR INFORMATION (TO BE COMPLETED BY THE APPRENTICE SUPERVISOR)

NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER	OPERATOR LICENSE NUMBER
EMAIL ADDRESS		<input type="checkbox"/> (OPTIONAL) I AUTHORIZE THE BOARD TO RELEASE MY EMAIL ADDRESS UPON REQUEST.	
INSTRUCTOR LICENSE NUMBER	HAVE YOU BEEN APPROVED AS A SUPERVISOR BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST DATES ▶		

ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME	ESTABLISHMENT LICENSE NUMBER
ESTABLISHMENT ADDRESS (STREET, CITY, STATE, ZIP CODE)	ESTABLISHMENT TELEPHONE NUMBER

APPRENTICE INFORMATION (TO BE COMPLETED BY THE APPRENTICE SUPERVISOR)

APPRENTICE NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
APPRENTICE ADDRESS (STREET, CITY, STATE, ZIP CODE)	APPRENTICE TELEPHONE NUMBER	

ACTING SUPERVISOR INFORMATION

ACTING SUPERVISOR NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER	OPERATOR LICENSE NUMBER
ACTING SUPERVISOR ADDRESS (STREET, CITY, STATE, ZIP CODE)		

Pursuant to Section 324.010 RSMo:
 CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.
False statements are subject to criminal penalties and/or license discipline.
If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

PURSUANT TO 20 CSR 2085-9.020(1)(A)9. I ATTEST TO THE FOLLOWING:
 An affidavit promising that the apprentice supervisor shall be physically present at all times that his/her apprentice is receiving credit hours toward the required minimum for testing. For emergency purposes, one (1) secondary licensed barber from the apprentice establishment, or one (1) secondary cosmetologist, manicurist, or esthetician from the apprentice establishment for cosmetology apprentice applicants, shall be named as acting apprentice supervisor. The acting supervisor shall not be responsible for more than a total of five percent (5%) of the total hours of supervision for the apprentice.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE.

SIGNATURE OF APPRENTICE SUPERVISOR	SIGNATURE OF ACTING APPRENTICE SUPERVISOR
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NOTARY INFORMATION

NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

PROFESSIONAL AND PERSONAL CHARACTER REFERENCES

NAME OF FIRST PROFESSIONAL REFERENCE	OPERATOR LICENSE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

REFERENCE'S SIGNATURE

NAME OF SECOND PROFESSIONAL REFERENCE	OPERATOR LICENSE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

REFERENCE'S SIGNATURE

NAME OF FIRST PERSONAL REFERENCE	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

REFERENCE'S SIGNATURE

NAME OF SECOND PERSONAL REFERENCE	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER

REFERENCE'S SIGNATURE

FLOOR PLAN

[Empty space for drawing the floor plan]

- 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? Yes No
- 2. If yes, would you like to receive information and assistance regarding veterans benefits and services? Yes No
- 3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? Yes No

General information may also be found at the Missouri Veterans Commission's website.