

**INFORMATION & INSTRUCTIONS – BARBER OR BEAUTY APPRENTICE
(RETAIN FOR FUTURE REFERENCE)**

Access this form via our website at: <http://cca.hawaii.gov/pvl/>

This apprentice application is to be used for either Barber or Beauty Apprentice registration. Act 87, effective April 29, 1997, created a cross-over training provision that allows licensed barbers to train beauty apprentices in the hairdresser category, and licensed beauty operators in the cosmetology/hairdresser category to train barber apprentices. The training can occur in either a licensed Barber or Beauty Shop. The trainers for the other beauty operator categories (esthetician and nail technician) shall be licensed beauty operators in the appropriate categories.

PLEASE NOTE: Only a licensed barber may train barber apprentices in shaving, moustache, and beard trims. A barber apprentice obtaining hairdresser training in a beauty shop under a licensed cosmetologist or licensed hairdresser is required to register with a licensed barber to complete the shaving, moustache, and beard trims portion of the apprenticeship. This means a second apprentice application will be required.

Barber or Beauty Apprenticeship training information is as follows:

1. Apprenticeship training shall begin only after issuance of an **Apprentice Registration Permit** that includes assignment of the **Apprentice Registration Number** along with an **effective date** and an **expiration date**.
2. The apprentice permit will be **MAILED TO and ISSUED IN CARE OF THE SHOP** identified on the application. **Be advised that apprentice registrations are mailed to the official mailing address of the shop as filed with the Board.** If you prefer your registration be mailed directly to your **Hawaii business address** on record, you must provide either a self-addressed envelope or attach a mailing label with your Hawaii business address when submitting apprentice registrations for processing.
3. Apprenticeship training shall occur only at **licensed shops** under supervision of **licensed barbers** or **beauty operators** in the appropriate license category. It is the responsibility of the apprentice applicant to seek the shop and supervisor willing to participate in the apprenticeship training.
4. The apprenticeship training **curriculum** is provided in the Administrative Rules of the Board of Barbering and Cosmetology:
HAR §16-73-20.5 for barber apprentices, and
HAR §16-78-19 for beauty apprentices.
5. These are the minimum hours of apprenticeship training required for the following license categories:LICENSE

| <u>CATEGORIES</u> | <u>APPRENTICESHIP HOURS</u> |
|--|-----------------------------|
| Barber..... | 3,000* |
| Cosmetologist (Hairdresser, Esthetician and Nail Technician) | 3,600 |
| Hairdresser (Hair only) | 2,500 |
| Esthetician (Skin Care and Makeup) | 1,200 |
| Nail Technician (Manicure and Pedicure) | 700 |

***NOTE:** Act 073, SLH 2022, increased the barber apprenticeship training hours from 1,500 to 3,000 hours. Any holder of a barber apprentice permit in effect before July 1, 2023, who files an application for a barber's license before July 1, 2024, may satisfy the training requirement by having 1,500 barber apprenticeship training hours.

6. The **MAXIMUM** length of time of apprenticeship training is **42 months and a minimum of 20 hours per week**.
7. In accordance with HRS chapter 387, the apprentice shall be compensated at least the Hawaii minimum wage.
8. The licensed barber or beauty operator shall train only **one (1)** apprentice at a time. The licensed barber or beauty operator must have at least one (1) year of Hawaii-licensed experience prior to being an apprentice supervisor.
9. **Training Progress Reports** provide condensed information, by month, about the progress of the apprentice by subject, hours, and/or number of operations and procedures. Both the **BEAUTY SHOP OWNER** and **SUPERVISING OPERATOR** SHALL BE RESPONSIBLE for the accuracy and submission of the apprentice's Training Progress Reports which are to be turned in to the Board every six (6) months, and copies of the report should be also provided to the apprentice, supervisor and shop owner. The "**CERTIFICATE OF COMPLETION/Withdrawal from Apprenticeship Training**" form should be used to indicate the total amount of training credited to the apprentice.
10. Any **CHANGES** that impact the apprenticeship program, the registered apprentice, the supervising operator, and/or the shop must be reported to the Board. A new application and fees must be submitted when changingsupervisors and/or shops.

11. Prior barber/beauty training (schooling or apprenticeship) will generally be recognized provided the training is **not more than three (3) years old** and verification of the training is provided to the Board. The Board relies on the shop and supervisor after an evaluation to determine the number of hours that can be credited.
12. **UPON COMPLETION of the apprenticeship training**, the apprentice is responsible to apply for a barber or beauty operator license by completing a **Barber or Beauty Operator Application**. The type and amount of training should determine the appropriate license category. For applications, call our office at (808) 586-3000 or access an application via our website at: <http://cca.hawaii.gov/pvl/>. Click on "Barbering and Cosmetology".

Apprentice Registration Requirements

| | |
|-------------------------|--|
| AGE | You must be at least sixteen (16) years of age. |
| EDUCATION | <p>Provide evidence of having an education equivalent to the completion of high school. All Documents must be in ENGLISH. Any of the following may be acceptable:</p> <ol style="list-style-type: none"> 1. Photocopy of a high school diploma or a General Education Certificate (GED); 2. Transcript of high school record; 3. Official statement of having a high school education from an official of the school or other authority; or 4. Evidence of graduating or attending college. <p>NOTE: Documents written in a FOREIGN language must be translated into English. Have your foreign documents translated into the English language and have the translator self-certify that: 1) It is a true and exact translation from the original; 2) that the translator is fluent in the language of the document and the English language; and 3) translator must provide signature. Translations should be done by someone other than the applicant and does not need to be notarized.</p> <p>Example of translator's statement: The following is an example of a translator's statement and contains all the elements required by the Board.</p> <p>"I certify that I am competent in both the English language and the _____ language (language of the document) and that this is a true and complete translation of the foreign language original."</p> |
| APPLICATION FORM | <p>Type or print legibly in dark ink. Illegible writing could result in processing delays. Complete the application form and answer all questions. Only a completed application is acceptable. If a question or item is not applicable, then indicate "Not applicable" or "NA". Sign and date application.</p> <p>Failure to provide all the requested information will delay the processing of your application.</p> |
| SOCIAL SECURITY | <p>Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. You must provide your social security number or your application will be deemed deficient and will not be processed further.</p> <p>The following laws require that you furnish your social security number to our agency: FEDERAL LAWS: 42 U.S.C.A. §666 (a)(13) requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and If you are a licensed health care practitioner, 45 C.F.R., Part 61, Subpart B, §61.7 requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.</p> <p>HAWAII REVISED STATUTES ("HRS"): §576D-13(j), HRS requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and §436B-10(4) HRS which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).</p> |

FEES

Attach the fee of \$57 payable to COMMERCE & CONSUMER AFFAIRS, which includes anon-refundable \$20 application fee and \$37 registration fee.

NOTE: *One of the numerous legal requirements that you must meet for your new registration to be issued is the payment of fees as set forth in this application. You may besent a registration before the payment you sent us for your required fees is honored by yourbank. If your payment is dishonored, you will have failed to pay the required fee and your registration will not be valid, and you **may not** do business under that registration. Also, a\$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

LAWS & RULES

Copies of the laws and rules are available by submitting a written request to the Board'saddress below.

- HRS Chapter 436B: Professional and Vocational Licensing Act
- Act 073, SLH 2022: Barbering and Cosmetology Licensing Act
- HAR Chapter 16-73: Barber Rules
- HAR Chapter 16-79: Cosmetology Rules

The laws and rules are also posted on our website at: <http://cca.hawaii.gov/pvl/>. Look under "Barbering and Cosmetology".

Apprenticeship training should include training on the laws and rules; the licensing examination includes questions regarding the laws and rules.

Instructions for "Yes" Answers to questions (6) thru (8) of the Application for License (BACOS-01)

- A. The following documentation must be submitted with the license application. Applications for license will not beconsidered without this material.
- 1) Questions 6 and 7 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for anyprofession, occupation, or license. If your answer is "yes" to one or more of these questions, read paragraph "B" below, AND you must **submit** the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, finding of factsand conclusions of law, and any other relevant documents;
 - 2) If your application indicates a criminal conviction, read paragraph "B" below, and you must **submit** the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
 - ii. A copy of the court order, verdict, and terms of sentence; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a signed statement from your probation or parole officer as to your compliance with the court orders, reputation for or record of experience, competency, honesty, truthfulness, financial integrity, and fair dealing;
 - iv. Signed statements from employers, business associates/clients, and others who can attest to your business dealings, including a statement as to your reputation for or record of experience, competency,honesty, truthfulness, financial integrity and fair dealing.
 - v. A current criminal history record check in your name, which you may obtain from the Hawaii Criminal Justice Data Center. Contact the department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 456 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: <http://ag.hawaii.gov/hcjdc> to request a "Criminal History Record Check" form.
- B. If you answered "yes" to questions (6) through (8), your application may be reviewed at a Barbering and Cosmetology Board meeting if you have provided all applicable information and documents as described above. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit awritten request with your application.

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to discuss or release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

BOARD'S ADDRESS

Mail or deliver the complete application and appropriate fees to:

Mailing Address:

OR

Deliver to Office Location:

*BOARD OF BARBERING & COSMETOLOGY
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, Hawaii 96801
Phone: (808) 586-3000*

*BOARD OF BARBERING & COSMETOLOGY
DCCA, PVL Licensing Branch
335 Merchant Street, Room 301
Honolulu, Hawaii 96813*

OTHER INFORMATION

Apprentice registrations will not be issued the same day the application is received. Therefore, it is the applicant's responsibility to allow sufficient time for the review and approval of all documents submitted.

ABANDONED APPLICATIONS

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Application for Registration - BARBER OR BEAUTY APPRENTICE

Read the instructions and information on the attached sheet before completing this form.

SECTION 1 - To be completed by the APPRENTICE APPLICANT

| | |
|---|------------------|
| Legal Name (First, Middle) | (LAST) |
| What other names have you used? (Maiden name, nickname, aliases, etc.) | |
| Email Address | |
| Mailing Address | |
| Social Security No. | Phone No. (days) |
| What License Category are you applying for? <input type="checkbox"/> Cosmetologist (ALL - Hairdresser, Esthetician & Nail Technician) <input type="checkbox"/> Nail Technician <input type="checkbox"/> Hairdresser <u>only</u> <input type="checkbox"/> Esthetician <input type="checkbox"/> Barber | |

FOR OFFICE USE ONLY

| | |
|------------------------------------|------------|
| Approved | |
| Reg # Barber Apprentice: R | Eff. Date |
| Reg # Beauty Apprentice: R | Exp. Date: |
| BAR ALL HAIR ESTN NAIL | |
| Terminated: | |
| DOL: | |

SECTION 2 – To be completed by a currently licensed SUPERVISING BARBER OR BEAUTY OPERATOR AND SHOP OWNER

| | | | | | |
|--|---|---|---|---|--|
| SUPERVISING BARBER OR BEAUTY OPERATOR | Print Name of Supervisor (licensed operator) | License No. BEO- BAR- | Category | Expiration date of license (on pocket ID) | Were you licensed in another state? YES NO |
| | <p>Affidavit of Supervisor:</p> <p>I hereby certify that I will supervise the above-named individual. I have at least one year of applicable experience, and I understand my responsibilities as supervisor which includes the number of apprentices a licensee is able to supervise.</p> <p>_____ Date _____ Signature of Supervisor</p> | | | | |
| SHOP OWNER <small>(If Corporation, partnership, LLC, LLP then Officer/Partner/Member/Manager of entity)</small> | Print Name of Shop Owner | (If owner is licensed operator) License No. | Expiration date of license (on pocket ID) | | |
| | Print Name of Shop | Shop License No. BSH- BAS- | Expiration date of license (on pocket ID) | | |
| | Business Address of Shop on file with DCCA: | Mailing Address of Shop on file with DCCA: | Business Phone No. (days) | | |
| <p>Affidavit of Shop Owner:</p> <p>I hereby certify that the statements, answers, and representations made in this section of the application are true and correct. I understand my responsibility as an owner.</p> <p>_____ Date _____ Signature of Shop Owner</p> | | | | | |

CONTINUED ON REVERSE SIDE – ANSWER QUESTIONS AND SIGN

| | | | | | | | |
|--------|----------------------|-----------|------|-----|---------------------|-----------|------|
| BARBER | Appl | 040 | \$20 | COS | Appl | 141 | \$20 |
| | Reg | 045 | \$37 | | Reg | 146 | \$37 |
| | Service Charge | BCF..... | \$25 | | Service Charge | BCF | \$25 |

Name of Applicant: _____

SECTION 3 – To be completed by the APPRENTICE APPLICANT

Circle your answers. If response is "Yes" to questions 6 to 8, refer to the instructions for additional documents that must be submitted with this application.

- 1) Are you at least **16** years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Do you have an education equivalent to the completion of high school?
ATTACH VERIFICATION OF HIGHSCHOOL YES NO
(Foreign graduates attach both foreign diploma and translation with translator's statement.)
- 4) Have you ever attended or are you now attending barber or beauty school? YES NO
 If "yes",
 - Name of school? _____
 - Name of state? _____
 - When did you complete? _____
 - How many hours did you complete? _____**Note:** Submit copy of your transcript(s) showing a breakdown by subjects and hours.
- 5) Do you hold or have you ever held or applied for a barber or beauty license, permit, or apprentice registration in Hawaii or any other jurisdiction? YES NO
 If "yes": What state or country? _____
 Type of license held _____ Do you have 1 year of licensed experience? YES NO
- 6) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 7) Are there any disciplinary actions pending against you? YES NO
- 8) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

Affidavit of Applicant:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Hawaii Revised Statutes section 710-1017 and section 436B-19; and Act 073, SLH 2022). I further certify that I have read, understand, and will abide by all laws and rules pertaining to the Board of Barbering and Cosmetology.

Date _____

Signature of Applicant

Release of Information to Third Party:

To assist me in the licensing process, I authorize the staff to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: _____

Signature of Applicant

Date

IMPORTANT NOTICE

BOARD OF BARBERING AND COSMETOLOGY

New License Requirement

Effective June 17, 2003 and pursuant to Hawaii Revised Statutes section 436B-10 and federal law, it is the policy of the State of Hawaii ("**State**") Board of Barbering and Cosmetology ("**Board**") that, in addition to meeting the education, experience, and examination requirements for licensure, an applicant for a Hawaii barber's, cosmetologist's, hairdresser's, esthetician's, or nail technician's license is required to be either **a United States citizen, a United States national, or an alien authorized to work in the United States.**

This means that, even if an applicant meets the education, experience, and examination requirements for licensure, that applicant shall not be issued a license if that applicant is not a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.

However, the Board will issue the applicant a **conditional approval** that signifies that the applicant has met the education, experience, and examination requirements for licensure; provided that this conditional approval shall **not** be considered a license to engage in the profession and shall **not** authorize the applicant to work in our State. To obtain authorization to work in our State, the applicant shall be required to contact the U.S. Citizenship and Immigration Services ("**USCIS**"). In addition, federal law [42 U.S.C.A. 666 (a)(13)] requires that once an applicant is authorized by the USCIS to work in the U.S., the applicant must supply his/her Social Security Number ("**SSN**") so that states can use this information for child support enforcement purposes.

Once the applicant submits evidence to the Board that the USCIS has authorized the applicant to work in the U.S. (without conditions or other encumbrances), **provides a SSN**, and meets all of the licensing requirements in effect at that time (including, but not limited to, the requirement that the applicant has not been convicted of any crime that is directly related to the profession), the applicant shall be issued a full and unrestricted license.

This conditional approval shall be valid for two (2) years. An applicant must obtain the appropriate USCIS authorization within this two (2) year period in order to have a license issued. If the applicant is unable to meet this deadline, the applicant may be required to reapply for licensure and meet all of the requirements in effect at that time.