**PRINT, COMPLETE, AND FAX THIS FORM WITH YOUR RECEIPT TO 1-866-888-1176**

**GEORGIA STATE BOARD OF COSMETOLOGY AND BARBERS**
**ONLINE APPRENTICE APPLICATION – TO BE COMPLETED BY THE MASTER**

_____

**APPLICANT NAME** (Print clearly) | **APPLICANT TRACKING CODE** (Found on receipt page)

If you have previously been licensed as an Apprentice in Georgia, list the license number: _____

Salon/shop Name: _____ License No._____
(for this application)

Physical Address of Salon/shop: _____

Supervisor Name:_____License No. _____
(for this application)

THIS SECTION TO BE COMPLETED BY MASTER

**Questions for the Master Supervising the Apprentice Barber, Cosmetologist, Hair Designer, Esthetician or Nail Technician:**

☐ **Yes** ☐**No** Salon/Shop owner or manager or master trainer, are responsible for keeping daily record of apprentice hours.

☐ **Yes** ☐**No** Salon/Shop owner or manager and master trainer are responsible for apprentice having a thorough understanding of sanitization. Refer to sanitation tip sheet.

☐ **Yes** ☐**No** Master trainer always monitors apprentice's sanitation procedure.

☐ **Yes** ☐**No** Do you have cosmetology and/or barber books/workbook for apprentice to study?

☐ **Yes** ☐**No** Do you have the sanitary regulations for apprentice to study?

☐ **Yes** ☐**No** Do you have the rules of the Georgia State Board of Cosmetology and Barbers for Apprentice to study?

☐ **Yes** ☐**No** Does Apprentice have related kit, and all the tools they will need to learn the specific profession in cosmetology or barbering?

☐ **Yes** ☐**No** I understand the following regarding apprentices:
*Hours can only be obtained during the period of time that the apprentice is licensed. If an apprentice changes master supervisor or salon/shop where he/she is apprenticing, a new apprentice application must be submitted. If the salon/shop changes ownership, name or location causing a new license number to be issued, a new apprentice application must be submitted. Hours can only be obtained during the period of time that the apprentice, master and salon license are active.*

☐ **Yes** ☐**No** **I UNDERSTAND:** APPRENTICE HOURS ARE SUBTOTALED 1ST OF JANUARY, 1ST OF APRIL, AND 1ST OF SEPTEMBER.

***** CONTINUED ON PAGE 2 *****

☐ Yes ☐No **I UNDERSTAND:** HOURS REPORTED WILL BE KEPT ON FILE BY SALON/SHOP OWNER OR MANAGER FOR INSPECTOR TO REVIEW.

☐ Yes ☐ No **I UNDERSTAND:** Failure to have cosmetology apprentice reports and/or records current shall result in a **Fine of $200.00** (Rules 130-2-.06(2)(a)(b)(c) and 130-7-.04(a)(5).) Failure to have barber apprentice reports and/or records current shall result in a **Fine of $250.00** (Rules 70-2-.07 and 70-6-.05).

☐ Yes ☐ No **I UNDERSTAND:** Failure of cosmetology apprentice to be under direct supervision of their registered master license holder or temporarily designated master license holder shall result in a **Fine of $500.00** (Rules 130-2-.06(a)(c), 130-2-.09, 130-4-.06, and 130-7-.04(a)(6).) Failure of barber apprentice to be under direct supervision of their registered master license holder shall result in a **Fine of $250.00** (Rules 70-2-.07 and 70-6-.05).

☐ Yes ☐ No **I UNDERSTAND:** Apprentice hours are accumulated according to the actual number of hours of performance and training. It is the responsibility of the salon/shop owner and the master to see that an accurate record is kept of the apprentice hours. IT IS NOT THE RESPONSIBILITY OF THE APPRENTICE.

☐ Yes ☐ No **I UNDERSTAND: IT IS MY RESPONSIBILITY AS MASTER TO SUBMIT APPRENTICE HOURS AT THE END OF THE APPRENTICESHIP EVEN IF THE APPRENTICE IS NO LONGER TRAINING WITH ME FOR ANY REASON.**

**I agree to act as supervising master barber, master cosmetologist, nail technician, esthetician or hair designer for the apprentice whose name appears above. I agree to provide direct supervision when the apprentice whose name appears above is working in the salon/shop.**

STATE OF GEORGIA
COUNTY OF _____

_____
**SIGNATURE OF THE MASTER**
SUPERVISING THE APPRENTICE

_____
PRINT NAME

SWORN AND SUBSCRIBED BEFORE ME THIS THE

_____ DAY OF _____, _____

_____
**NOTARY PUBLIC**

MY COMMISSION EXPIRES: _____

O.C.G.A. §45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL