**APPLICATION**

**FOR**

**PERMIT TO WORK**

**PLEASE PRINT**

|  |  |
| --- | --- |
| Applicant’s Name  |  |
| Social Security Number |  |
|  |  |
| Salon Name |  |
| Salon Address |  |
| Salon Registration Number |  |
| Salon License Expiration Date |  |
|  |  |
| Supervisor’s Name |  |
| Supervisor’s Registration Number |  |
| Supervisor’s License Expiration Date |  |

Please be sure to verify the correct mailing address of the salon. There will be no duplicates issued.

By submission of this application, I understand that work permits are non-transferable and my supervisor, noted on this form, must be present at all times. I understand that this permit, if approved, will expire at 90 days from issuance OR if there is a failure of examination.

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Signature Date