

APPLIATION FOR PERMIT TO WORK

Please Print

Applicant's Name	
Social Security Number	
Salon Name	
Salon Address	
Solan 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

Bu submission of this application, I understand that work permits are nontransferable 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 the issuance OR if there is a failure of examination.

Before processing this application, the following information must be verified:

1. All completed regular hours in the profession must have been completed;
2. The school has validated that there is no financial obligation pending;
3. The applicant has applied for both the theory and the practical examination; and
4. The permit will be issued to the salon and not the applicant.

NOTE: If the applicant fails the theory or the practical examination, the permit must be returned by the Salon [73-7-13 and Rule 3.2].