

STUDENT/STUDENT INSTRUCTOR APPLICATION FOR PERMIT TO WORK

Please Print

Applicant's Name		Phone
Social Security Number		Email Address
Salon Name		
Salon Address		
Salon Registration Number		
Salon License Expiration Date		
Supervisor's Name		
Supervisor's Registration Number		
Supervisor's License Expiration Date		

1. Please be sure to verify the correct mailing address of the salon. There will be no duplicates.
2. By submission of this application, I understand that work permits are nontransferable and my supervisor, noted on this form, is a full-time Mississippi licensed instructor and must be present at all times, unless the supervising instructor is out of the establishment on occasion. In this case, another licensed instructor must be designated to oversee the work of the student/student instructor.
3. I understand that this permit, if approved will expire at 90 days from the issuance OR if there is a failure of the practical or the theory examination and the employing establishment, when notified, is responsible for returning the permit immediately and the student/student instructor is no longer eligible to work.
4. Citations will be issued if found to be working prior to receipt of the permit, without supervision, or employing a student/student instructor without a permit.
4. Before processing this application, the following information must be verified:
 - a. All completed regular hours in the profession must have been completed;
 - b. The school has validated that there is no financial obligation pending;
 - c. The applicant has applied for both the theory and the practical examination; and
 - d. The permit will be issued to the salon and not the applicant.

I further understand that a student cannot work for compensation as a practitioner in an establishment while in the process of acquiring training. A student instructor is exempt

Signature _____
 Student / Student Instructor

Date _____