

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

NOTICE OF CHANGE IN THE MANAGER/RESPONSIBLE LICENSEE

NO FEE REQUIRED

Type of Establishment: (choose only one)

- Barbering
 Cosmetology

SECTION A: To be completed by the "Establishment Owner"

Name of Establishment as it appears on the Establishment License

Name of Owner

Address of Establishment

Establishment License Number

Telephone Number

Name of "Previous" Manager/Responsible Licensee

License Number

Name of "New" Manager/Responsible Licensee

License Number

Effective Date: / /

SECTION B: To be completed and signed by the "New Manager of Record" for a Barbering or Cosmetology Establishment

I have agreed to be the "full-time" manager for this Establishment and will be responsible for supervising and managing the operation of the Establishment. I agree to be responsible for the daily operations of this Establishment to ensure that the Establishment is in compliance with statutes and rules.

I understand that "full-time" is defined by Wis. Admin. Code § COS 1.01(7) and SPS 50.110(17), to mean, "work which is performed for 30 hours per week or the maximum number of hours an Establishment is open if the Establishment is open less than 30 hours per week."

I understand that I must physically be in this Establishment for 30 hours per week and that I will be held accountable for all hours the Establishment is open for business.

I am not currently a Manager of Record for any other Barbering or Cosmetology Establishment.

Signature of New Manager (Print and Sign Form)

Date