



INFORMATION FOR APPRENTICE CONTRACT AND PERMIT

STEPS TO OBTAIN AN APPRENTICE PERMIT:

1. **Contact the Department of Workforce Development** to find an employer who has been approved to train apprentices. To locate the Apprentice Training Representative in your area, please go to the following website: <http://dwd.wisconsin.gov/apprenticeship/contacts.htm>. Locate your area of the state on the map. Each area has a designated Training Representative, and his/her contact information is listed. Central Office Phone: (608) 266-3332 Fax: (608) 266-0766
2. If the employer wishes to hire you, he/she will submit an apprentice application to the DWD. If the DWD determines that you meet the Bureau of Apprenticeship Standards qualifications, you will be given a **credential notice**.
3. You and your employer will submit the **credential notice**, the Apprentice Application (Form #1488), and **fee** (\$10.00) to the **Department of Safety and Professional Services, P.O. Box 8935, Madison, WI 53708-8935**.

If you have ever been:

- Convicted of a felony committed while engaged in the practice of barbering or cosmetology, **and/or**
- Convicted of a felony, misdemeanor, or other violation of federal, state, or local law involving the use of alcohol or other drugs,

you will be **required** to submit [Form #2253](https://dsps.wi.gov/Credentialing/Business/Fm2253.pdf), \$8.00 fee, and accompanying documents, <https://dsps.wi.gov/Credentialing/Business/Fm2253.pdf>.

4. The **Department of Safety and Professional Services will issue the apprentice permit** after the application is approved. You may begin to work after your permit is issued. Your permit will be valid for three (3) years.
5. When all **theory and practical training hours have been completed**, you may not continue practicing in the establishment under the apprentice permit. You must obtain a **temporary practitioner's permit** by completing an examination application and remitting the appropriate fees. To apply for the examination and the 6-month temporary permit, please apply online with DL Roope Administrations Inc. at <http://www.dlroope.com/wisconsin.cfm?state=10>. Information on the exam content can be found on this website.
6. When an apprentice **completes or discontinues training**, the Bureau of Apprenticeship Standards must be notified immediately.



APPLICATION FOR APPRENTICE CONTRACT AND PERMIT

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK

Your name, address, telephone number and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Check One: Barbering only Cosmetology (including Barbering)

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

E-mail Address

Have you ever attended Barbering or Cosmetology School or previously been an Apprentice? (If you are requesting credit, Yes No an official copy of the school transcript with theory and practical hours designated must be attached.)

Applicant Education and Training Background (Circle the highest school year completed.)

8 9 10 11 12 13 14 15 16 17 18 19 20 GED HSED

Previous Barbering and Cosmetology School Attended <input type="text"/>	Previous Related Employment <input type="text"/>
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APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- Initial Credential
\$ 10.00 Total Fee Attached
- Transfer Credential
\$ 10.00 Total Fee Attached

For Receiving Use Only (600/601)

EMPLOYER APPLICATION

Establishment Name <input style="width: 95%; height: 20px;" type="text"/>	Establishment License Number <input style="width: 95%; height: 20px;" type="text"/>
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Establishment Address (street, city, state, zip)

Owner's Name <input style="width: 95%; height: 20px;" type="text"/>	Owner's License Number <input style="width: 95%; height: 20px;" type="text"/>
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Daytime Telephone Number <input style="width: 95%; height: 20px;" type="text"/>	Fax Number <input style="width: 95%; height: 20px;" type="text"/>	WI Unemployment Number <input style="width: 95%; height: 20px;" type="text"/>
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Year Business Started: <input style="width: 30px; height: 20px;" type="text"/>	Trained Apprentices Before? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are the licensed Barbers or Cosmetologists covered by a collective bargaining agreement? Yes No

If yes, list union name and number:

Are the apprentices covered by this collective bargaining agreement? Yes No

Number of licensed Barbers or Cosmetologists in this establishment:

Present licensed Barber or Cosmetologist base skilled wage rate per hour for this trade: \$ per hour

Proposed Apprenticeship Start Date
Note: Apprentice may not begin practicing until the Contract and Permit have been approved. / /

Name of School apprentice will attend:

NAMES OF LICENSED BARBERS OR COSMETOLOGISTS AND APPRENTICES NOW EMPLOYED (Attach additional sheets if necessary.)

<u>Name</u>	<u>Date Employed or Contract Issued</u>	<u>License Number</u>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>
<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>	<input style="width: 95%; height: 100%;" type="text"/>

Any misrepresentation contained herein shall be grounds for denial of your request for an Apprentice.

Signature of Manager/Delegate: Date: / /

(Print and Sign Form)

For Office Use Only	
Permit Number:	<input style="width: 95%; height: 20px;" type="text"/>
Start Date:	<input style="width: 95%; height: 20px;" type="text"/>
Expires:	<input style="width: 95%; height: 20px;" type="text"/>
BAS Rep:	<input style="width: 95%; height: 20px;" type="text"/>
Date Est. Inspected:	<input style="width: 95%; height: 20px;" type="text"/>

APPRENTICE INFORMATION

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever been convicted of a felony committed <i>while engaged in the practice of barbering or cosmetology</i> ? If yes, submit Barbering and Cosmetology Convictions (Form #2253).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been convicted of a felony, misdemeanor, or other violation of federal, state, or local law involving the use of alcohol or other drugs? If yes, submit Barbing and Cosmetology Convictions (Form #2253).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any felony conviction committed <i>while engaged in the practice of barbering or cosmetology</i> OR involving the use of alcohol or other drugs ? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you currently hold, or have you in the past held, any credential (license) issued by the DSPS or any of the Boards? If yes, state what profession(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed (licensed) under any other name(s) issued by the DSPS or any of the Boards? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA).
For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: Date: / /

(Print and Sign Form)

COSMETOLOGY MANAGER AND APPRENTICE RESPONSIBILITIES

We, the undersigned, have read, understand, and agree that the following conditions will be met in order to comply with laws and rules governing apprenticeships:

1. The apprentice shall receive 288 training hours of instruction in theory at an approved school of barbering or cosmetology and 3,712 hours of practical training. Training must be at least 32 hours per week and be completed in not less than 2 or more than 4 years.

An apprentice who has completed the training program may not continue to practice as an apprentice but may apply for a temporary permit under [Wis. Stat. § 454.06\(10\)](#) and [454.10\(2\)](#).

2. Following issuance of an apprenticeship permit, an apprentice shall enroll in the first available course of theory instruction at a school of barbering and cosmetology and shall maintain acceptable attendance and progress in instruction and practical training. The manager shall pay the apprentice for the hours of school attendance and practical training per [Wis. Admin. Code § COS 6.02](#).

Caution: Employee absenteeism or tardiness at work or at school constitutes grounds for cancellation of the apprenticeship contract agreement per [Wis. Admin. Code § DWD 295.20\(5\)\(c\)](#).

3. The apprentice shall not engage in any barbering and cosmetology work or attend school until a permit has been approved by the Cosmetology Examining Board. A permit will not be issued until the contract is completed with the Department of Workforce Development per [Wis. Admin. Code § COS 6.01\(4\)](#).
4. Each apprentice shall enter an apprenticeship contract with an establishment owner or his or her designated agent who shall employ and make arrangements for training of the apprentice in accordance with [Wis. Stat. ch. 454](#) and the rules of the board per [Wis. Admin. Code § COS 6.01\(5\)](#).
5. The cosmetology manager or a delegated practitioner who has completed at least 2,000 hours of licensed practice shall train and supervise an apprentice in accordance with [Wis. Admin. Code § COS 6.04\(1\)](#). The cosmetology manager shall supervise any temporary permit holders and training permit holders ([Wis. Admin. Code § COS 2.07\(1g\)](#)). Supervision and training shall be conducted by a currently licensed manager or practitioner with sufficient education, training, and experience to provide the supervision and training per [Wis. Stat. § 454.10](#).
6. Establishments where apprentices are trained shall provide equipment, supplies, and products. The apprentice shall be provided a workstation with equipment and supplies necessary to adequately obtain knowledge and practice in **all** barbering and cosmetology services per [Wis. Admin. Code § COS 3.01\(8\)](#) and [Wis. Admin. Code § COS 6.01\(6\)](#).
7. The apprentice shall be trained in all phases of practical work and in all subjects required to be taught in schools of barbering or cosmetology as prescribed by the Board by rule per [Wis. Stat. § 454.10\(3\)](#).
8. The owner or his or her designee shall keep official daily records of the apprentice's activities, hours worked, training received, and the wages paid in order to provide a record to enable the apprentice to meet the requirements for licensure per [Wis. Admin. Code § COS 2.07\(1r\)](#).
9. An apprentice transferring from one establishment to another within the state shall contact the Bureau of Apprenticeship Standards (BAS) or the Department for transfer procedures per [Wis. Admin. Code § COS 6.01\(7\)](#).
10. If the cosmetology manager or delegated practitioner supervising the apprentice changes during the apprenticeship period, the Board office shall be notified in writing per [Wis. Stat. § 454.10\(3\)](#).

NOTE: This page MUST be included with the submitted application.

Applicant Initials (print and initial form): _____

Date: / /

BARBER MANAGER AND APPRENTICE RESPONSIBILITIES

We, the undersigned, have read, understand, and agree that the following conditions will be met in order to comply with laws and rules governing apprenticeships:

1. The apprentice shall receive 288 training hours of instruction in theory at an approved school of barbering or cosmetology and 1,712 hours of practical training. Training must be at least 32 hours per week and be completed in not less than 2 or more than 4 years.

An apprentice who has completed the training program may not continue to practice as an apprentice but may apply for a temporary permit under [Wis. Stat. § 454.26\(4\)](#).

2. Following issuance of an apprenticeship permit, an apprentice shall enroll in the first available course of theory instruction at a school of barbering and cosmetology and shall maintain acceptable attendance and progress in instruction and practical training. The manager shall pay the apprentice for the hours of school attendance and practical training per [Wis. Admin. Code § SPS 50.310](#).

Caution: Employee absenteeism or tardiness at work or at school constitutes grounds for cancellation of the apprenticeship contract agreement per [Wis. Admin. Code § DWD 295.20\(5\)\(c\)](#).

3. The apprentice shall not engage in any barbering and cosmetology work or attend school until a permit has been approved by the Department of Safety and Professional Services. A permit will not be issued until the contract is completed with the Department of Workforce Development per [Wis. Admin. Code § SPS 50.310\(1\)\(c\)](#).
4. Each apprentice shall enter an apprenticeship contract with an establishment owner or his or her designated agent who shall employ and make arrangements for training of the apprentice in accordance with [Wis. Stat. ch. 454](#) and the rules of the Department of Safety and Professional Services per [Wis. Admin. Code § SPS 50.310\(1\)\(d\)](#).
5. The manager or delegated barber shall train and supervise an apprentice in accordance with [Wis. Admin. Code § SPS 50.310](#) and shall supervise any temporary permit holder. An apprentice shall only work under the supervision of a manager. However, a manager may delegate supervisory duty to a barber who has completed at least 2,000 hours of licensed practice per [Wis. Admin. Code § SPS 50.310\(3\)](#).
6. The owner or his or her designated agent shall provide equipment, supplies, and products to maintain safe and sanitary establishment conditions. The apprentice shall be provided a workstation with equipment and supplies necessary to adequately obtain knowledge and practice in **all** barbering services per Wis. Admin. Code §§ [SPS 50.230](#), [SPS 50.231](#), and [SPS 50.310](#).
7. The apprentice shall be trained in all branches of practical work and in all subjects required to be taught in a school of barbering, as prescribed by the Department of Safety and Professional Services by rule per [Wis. Stat. § 454.26\(3\)\(b\)](#).
8. The owner or his or her designee shall keep and provide appropriate records of the apprentice's activities, hours worked, training received, and the wages paid to enable the apprentice to meet the requirements for licensure per Wis. Admin. Code §§ [SPS 50.230](#), [SPS 50.231](#), and [SPS 50.310](#).
9. An apprentice transferring from one establishment to another within the state shall contact the Bureau of Apprenticeship Standards (BAS) or the department for transfer procedures. An apprentice may not transfer without prior approval of the Department per Wis. Admin. Code § [SPS 50.310\(1\)\(f\)](#).
10. If the manager or delegated barber supervising the apprentice changes during the apprenticeship period, the Department shall be notified in writing. An apprentice may only work under the supervision of a licensed manager. A manager may delegate supervisory duty to a licensed barber who has completed at least 2,000 hours of licensed practice per [Wis. Admin. Code § SPS 50.310](#).

AFFIDAVIT OF MANAGER AND APPRENTICE APPLICANT (For Barbering and Cosmetology)

Violations of the above stated conditions or other laws and rules governing the apprenticeship program by the apprentice, manager, or owner, may result in loss of apprenticeship hours for the apprentice and action against the apprentice, manager, or owner, as provided in [Wis. Stat. ch. 454](#). Under penalties of perjury, I declare that the information provided is true to the best of my knowledge.

Manager/Delegate Signature:
(Print and Sign Form)

Date: / /

Apprentice Applicant Signature:
(Print and Sign Form)

Date: / /

ESTABLISHMENT EQUIPMENT AND SUPPLIES
TO BE PROVIDED FOR USE AND TRAINING APPRENTICES

SANITATION AND SAFETY

Closed containers with sanitizing agent
Band-Aids
Rubber gloves
Storage for clean and dirty supplies
EPA-registered germicidal preparation
Topical disinfectant
**(iodine, 70% isopropyl alcohol
or 6% stabilized hydrogen peroxide or equivalent)**

SHAMPOOING AND STYLING

Shampoo bowl or tray
Hot and cold water
Capes
Curling iron
Towels
Shampoo (**assorted**)
Conditioner (**assorted**)
Rollers (**assorted sizes**)
Clips
Bobby and hair pins
Combs
Hair nets
Spray
Setting lotion
Hair dryer
Pressing comb and heater

SHAVING

Straight razor (**detachable blades acceptable**)
Steam towels

HAIRCUTTING

Clip
Razor with blade
Scissors
Thinning shears
Clippers

HAIR COLORING

Bleaches
Permanent tints
Semi and Demi Color
Temporary rinses
Brushes/bowls/applicator bottles
Foils/bowls/applicator bottles
Foils/tipping cap and hook
Tinting capes
Towels

SCALP TREATMENTS AND HAIR CONDITIONING

Tonics
Creams
Conditioners

FACIALS, COSMETICS, AND ARCHES

Cleansing cream
Lubricating cream
Base
Disposable applicators
Powder
Lipstick
Eyeliner
Mascara
Tweezers
Depilatories/Waxing
Rouge

MANICURING (Cosmetology Only)

Manicure table
Nippers
Pusher
Orange wood sticks
Emery boards
Buffer
Files
Cuticle remover
Nail polish
Polish remover
Base coat
Sealer
Hand cream
Cotton

PERMANENT WAVING AND CHEMICAL HAIR STRAIGHTENING

Chemical solutions
Wave rods (**assorted sizes**)
End papers
Waving solutions
Applicators
Cotton
Protective cream
Neutralizers (**solutions and shampoo**)
Protective gloves

NOTE: This page MUST be included with the submitted application.

Applicant Initials (print and initial form): _____

Date: / /