

Wisconsin Department of Safety and Professional Services

BARBERING OR COSMETOLOGY APPRENTICESHIP

BARBER OR COSMETOLOGY APPRENTICE CERTIFICATE OF EMPLOYER

EMPLOYER SECTION: The below data is being collected for the Department of Workforce Development (DWD) contract. A representative from DWD, Bureau of Apprenticeship Standards, will make an appointment with you to have the contract signed after the permit has been issued by DSPS. Upload completed form into your online [LicenseE](#) application or your employer may upload using the [LicenseE](#) Third-Party Portal with the DSPS Application Number below.

Apprentice Name		DSPS Application Number PAR-
EMPLOYER APPLICATION		
Establishment Name	Establishment License Number	
Establishment Address (number/street)	(city)	(state) (zip code)
Owner's Name	Owner's License Number	
Daytime Telephone Number	Fax Number	Year Business Started
□□□□ - □□□□ - □□□□	□□□□ - □□□□ - □□□□	□□□□
WI Unemployment Number (REQUIRED)	Trained Apprentices Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the licensed Barbers or Cosmetologists covered by a collective bargaining agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list union name and number: <input style="width: 60%;" type="text"/>		
Are the apprentices covered by this collective bargaining agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of licensed Barbers or Cosmetologists in this establishment:	<input style="width: 80%;" type="text"/>	
Present licensed Barber or Cosmetologist base skilled wage rate per hour for this trade: (REQUIRED)	\$ <input style="width: 150px;" type="text"/> 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:	<input style="width: 90%;" type="text"/>	
<u>NAMES OF LICENSED BARBERS OR COSMETOLOGISTS AND APPRENTICES NOW EMPLOYED</u> (Attach additional sheets if necessary.)		
<u>Name</u>	<u>Date Employed or Contract Issued</u>	<u>License Number</u>
	□□/□□/□□□□	
	□□/□□/□□□□	
	□□/□□/□□□□	
	□□/□□/□□□□	
Any misrepresentation contained herein shall be grounds for denial of your request for an Apprentice.		
		□□/□□/□□□□
Manager/Delegate Signature (If unable to provide a digital signature print and sign form.)		Date