

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

## STATE OF DELAWARE DEPARTMENT OF STATE DIVISION OF PROFESSIONAL REGULATION BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500 FAX: (302) 739-2711 WEBSITE: DPR.DELAWARE.GOV

## **APPLICATION FOR TEMPORARY PERMIT BY EXAMINATION**

INSTRUCTIONS							
			y for a temporary permit. When you have met all the receive a temporary permit to practice.				
When you complete the online application on the PCS website, the temporary permit questions are included. However, use this form in the following situations:							
<ul> <li>When you completed the online application, you did not request a temporary permit (e.g., you didn't have a job) but now wish to apply.</li> </ul>							
<ul> <li>You already have a temp</li> </ul>	You already have a temporary permit but must re-apply for a new permit because you changed shops or supervisors after you temporary permit was issued.						
To apply for a temporary permit us	sing this form						
Submit completed and signed <i>Application for Temporary Permit by Examination</i> including certification signed by supervisor (Notarization is not required.)							
☐ Enclose processing fee of \$3	5 by check or money order	made payable to "Pro	ofessional Credentialing."				
☐ Mail application and check to:							
	ATTN: Delaware Cosm PO Box 198768	elology					
	Nashville TN 37219-870	68					
extended <b>only if</b> you have registe pass the both exams. If you have	red for the next available e not passed the exams by	exam. You have two yethe end of the two-yea	n date. If you fail the exam, the permit can be ears from the date that you applied for licensure to ar period, you must wait one year, then reapply and ments as well as re-taking and passing both parts of				
TYPE OF PERMIT							
. I am applying for a temporary permit as a (check all that apply):							
☐ Cosmetologist ☐ Bai	☐ Cosmetologist ☐ Barber ☐ Nail Technician ☐ Aesthetician ☐ Electrologist						
Alert: Applicants for Instruc	for Temporary Permits.						
IDENTIFYING AND CONTACT INFORMATION							
2. Full Name:							
F	First	Middle	Family (Last)				
3. Social Security Number: _	al Security Number: 4. Date of Birth (month/day/year):						
5. Mailing Address:							
Street							

State

Zip

6. Phone: \_

City

\_\_\_\_\_ Email: \_

## **LOCATION OF TEMPORARY PRACTICE**

7.	Name of Salon/Shop Where Practicing:						
8.	Location Address:						
Ο.	Street						
	City		State	Zip			
9.	Shop's <i>Professional</i> License Number: M9-						
10	. Shop's Phone:						
Αļ	oplicant Signature:		Date:				
	SUPERVISOR MUST COMPLET	E SUPERVI	SOR CERTIFICATION SEC	TION			
	SUPERVI	SOR CERTI	FICATION				
ter the A to have	plicants for Delaware licensure as a Cosmetologist, Baray apply for a temporary permit to work under supervision imporary permit, applicants must be supervised by a example applicant's actions while he/she practices. A superemporary permit is issued only when the applicant has move two years from their application date to pass the both examples all able examination date. If the applicant fails the exam, the am.	until they pass Delaware-lice rvisor may su et all requireme exams. The firs	the required examinations. While nsed sponsor who agrees to be pervise only one temporary licents for licensure other than passing temporary permit will be valid for	practicing under a e fully responsible for ensee at a time. g the examination. They 30 days past the next			
1.	Supervisor's Name:						
2.	Supervisor's Delaware License Number: M						
3.	Name of Salon/Shop Where Applicant Practicing:						
4.	Shop's <b>Location</b> Address:						
	S	treet (no PO Box					
	City	DE State	Shop's Phone: _				
5.	Shop's <i>Professional</i> License Number: M9-						
6.	<ul> <li>Please read and indicate whether you understand</li> <li>It is unlawful for an applicant to continue pract</li> <li>In order for a Temporary Permit to be extende examination must register to take the next ava</li> <li>A licensee or shop that employs unlicensed pershop's own professional license. Yes \( \square\) No \( \square\)</li> </ul>	icing if his/her d beyond its f ilable examin ersons may be	Temporary Permit has expired rst expiration date, an applican ation. <b>Yes</b> \bigcup <b>No</b> \bigcup	t who fails the			
7.	Do you agree to supervise and be fully response under a Temporary Permit? Yes ☐ No ☐	sible for the a	ctions of the applicant while	he/she practices			
Sι	upervisor Signature:		Date:				