

Department of Workforce Development  
 Division of Employment and Training  
**Bureau of Apprenticeship Standards**

## BARBER AND COSMETOLOGY ESTABLISHMENT APPLICATION

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

WI Unemployment Insurance Account	FEIN	Date		
Name of Establishment		DSPS Establishment License Number		
Owner Name		Owner License Number		
Primary Manager Name		Primary Manager License Number		
Street Address or P.O. Box	City	County	State	Zip Code+4
Telephone Number ( )	Fax No. ( )			
Email	Cell Phone ( )			

Services Provided: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Trained Apprentices Before?  Yes  No

Trade apprentice will be trained in?  Barber  Cosmetology

Are the licensed Barbers or Cosmetologists employed covered by a collective bargaining agreement?  Yes  No

If yes, list union name and number: \_\_\_\_\_

Are the apprentices covered by this agreement?  Yes  No

Number of licensed Manager and Practitioner Barbers or Cosmetologists employed? \_\_\_\_\_

Present licensed Barber or Cosmetologist base skilled wage rate per hour \$ \_\_\_\_\_ per hour

Applicant Name	Proposed Date Training Will Start	Starting Wage Rate
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**An apprentice shall not engage in any cosmetology work or attend school until a permit has been issued by DSPS.**

Please return to: Long Vang  
 Bureau of Apprenticeship Standards  
 620 W. Clairemont Ave  
 Eau Claire WI 54701  
 Telephone: (715) 874-4627  
 Fax: (715) 874-4603  
 Email: long.vang@dwd.wisconsin.gov

**NAMES OF LICENSED PRACTITIONERS AND MANAGERS  
NOW EMPLOYED**

Name	Date Employed	WI DSPS License Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Any misrepresentation contained herein shall be grounds for denial of your request for an apprentice.  
An apprentice shall not engage in any cosmetology work or attend school until a permit has been issued by DSPS.

\_\_\_\_\_  
Owner/Manager Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed