



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
Appearance Enhancement  
P.O. BOX 22049  
Albany, NY 12201-2049  
Customer Service: (518) 474-4429  
www.dos.ny.gov

## Change of Supervising Nail Specialist and/or Employer for Nail Specialty Trainee

### INSTRUCTIONS:

• **Nail Specialty Trainee:**

*This form should be used by a Nail Specialty Trainee to report a change in their Supervising Nail Specialist and/or Employer during their traineeship. Do not mail your certificate of registration with this form. The Nail Specialty Trainee should complete this form and submit it to the Division of Licensing Services. Please note that this change may also be completed through your online account.*

### Change of Supervising Nail Specialist:

#### Nail Specialty Trainee Information:

NAME: LAST FIRST M.I. UNIQUE IDENTIFICATION NUMBER

HOME ADDRESS

CITY STATE ZIP+4

E-MAIL ADDRESS DAYTIME PHONE (OPTIONAL)

#### Supervising Nail Specialist Information:

NAME: LAST FIRST M.I.

UNIQUE IDENTIFICATION NUMBER

#### Date of Change of Supervising Nail Specialist:

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### New Employer Information:

APPEARANCE ENHANCEMENT BUSINESS NAME

UNIQUE IDENTIFICATION NUMBER

#### Date of Change of Employer:

\_\_\_\_\_

NAIL SPECIALTY TRAINEE SIGNATURE DATE