NEW YORK STATE OF OPPORTUNITY.

Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

Change of Supervising Barber for Barber Apprentice

INSTRUCTIONS:

- **Barber Apprentice:**
This form should be used by a Barber Apprentice to report a change in their Supervising Barber during their apprenticeship. Do not mail your certificate of registration with this form. The Supervising Barber should complete and sign their portion of the form and it should be returned to the Division of Licensing Services. Please note that this change may also be completed through your online account.

- **Supervising Barber Operator:**
This form should be used by a Supervising Barber Operator to report that they are no longer supervising a barber apprentice. Please note that this change may also be completed through your online account.

Change of Supervising Barber

Apprentice Barber Information:

NAME: LAST FIRST M.I. UNIQUE IDENTIFICATION NUMBER

HOME ADDRESS

CITY STATE ZIP+4

E-MAIL ADDRESS DAYTIME PHONE (OPTIONAL)

Supervising Barber Information:

NAME: LAST FIRST M.I.

BARBER OPERATOR UNIQUE INDENTIFICATION NUMBER

E-MAIL ADDRESS DAYTIME PHONE (OPTIONAL)

Date of Change of Supervising Barber:

Affirmation of Supervising Licensed Barber:

I, the undersigned, subscribe and affirm under the penalties of perjury, that the named applicant will be under my supervision and direction during their 24-month apprenticeship as provided under provisions of Article 28 of the General Business Law and the rules and regulations promulgated thereunder (19 NYCRR).

SUPERVISING LICENSED BARBER SIGNATURE DATE

Change of Supervising Barber for Barber Apprentice

Termination of Barber Apprentice

Apprentice Barber Information:

NAME: LAST FIRST M.I. UNIQUE IDENTIFICATION NUMBER

HOME ADDRESS

CITY STATE ZIP+4

E-MAIL ADDRESS DAYTIME PHONE (OPTIONAL)

Supervising Barber Information:

NAME: LAST FIRST M.I.

BARBER OPERATOR UNIQUE INDENTIFICATION NUMBER

E-MAIL ADDRESS DAYTIME PHONE (OPTIONAL)

Date of Termination of Barber Apprentice:

Affirmation of Supervising Licensed Barber:

I, the undersigned, was the supervising licensed barber of record for the named Barber Apprentice.
I will no longer be the supervising licensed barber of record.

SUPERVISING LICENSED BARBER SIGNATURE DATE