



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BARBERING AND COSMETOLOGY LICENSING
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head, Esq.
Commissioner

Geraldine L. Betts
Administrator

TRAINEE AFFIDAVIT – LIMITED BARBERING

TRAINEE NAME: _____ Trainee License Number: _____

Initial Registration Date: _____ Expiration Date: _____

Qualified Supervisor: _____ Supervisor's License Number: _____

Check If Applicable: Completion of Trainee Program Discontinue Training

Date: _____ Date: _____

CREDIT GRANTED FOR INSTRUCTION AND TRAINING IN THIS TRAINING LOCATION

Courses	Hours	Courses	Hours
Anatomy, Hygiene, Bacteriology, Infection Control, Disinfecting, Sterilization, and Sanitation		Salon Management; State Laws; Rules and Regulations	
Barbering Implements, tools and equipment		Hairpiece fitting, styling and care	
Shampooing		Shaving, trimming beards, and mustaches	
Haircutting		Thermal Styling, Curling & Blow Dry Styling	
Hairstyling		Thermal Styling, Curling & Blow Dry Styling	
Facials		Scalp and skin disorders	
		Total Hours Completed	

I, as the Qualified Supervisor, hereby certify that instruction and training as contained in this affidavit was provided and received by the above named Trainee and was satisfactory. The training and instruction provided to this trainee is in accordance with applicable rules established by the Barbering and Cosmetology Licensing program.

Direct Supervisor

Signature of Trainee

Date

Licensing (207)624-8579
Main Receptionist (207)624-8603
TTY users call Maine relay 711



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www.maine.gov/professionallicensing

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OFFICE LOCATION: GARDINER ANNEX
76 NORTHERN AVENUE, GARDINER, MAINE