



**North Carolina Board of Barber and Electrolysis Examiners
ELECTROLOGY APPRENTICESHIP PROGRAM APPLICATION**

7001 Mail Service Center, Raleigh, North Carolina 27699-7000

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STOP! PLEASE READ BEFORE YOU BEGIN!

- This application is five pages long, plus an attachment. Please make sure you complete the entire application.
- Please make sure your information is legible.
- Send the completed form to the address listed above.
- If you have any questions, please contact us using the information above.

PROGRAM INFORMATION

- 1. Name of electrology apprenticeship program.** Please provide the name of program. This information will appear on the approval documents.

- 2. Date ready for inspection.** _____

- 3. Physical address.** Please indicate the physical address for the program.

Address 1: _____

Address 2: _____

City: _____ County: _____ ZIP: _____

- 4. Mailing address.** Please indicate the mailing address for the program, if it's different than the physical address. If the mailing address and physical address are the same, you can skip this question.

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

5. Other contact information (optional). We encourage you to provide up-to-date telephone, fax, or email information, if available. This information helps us easily keep in touch with you.

Phone: _____ Fax: _____

Email: _____

6. Hours of operation. Please provide your anticipated hours of operation.

7. Physical dimensions of the training area. Please provide the length and width in feet in inches of the training area.

Length: _____ Width: _____

8. Number of treatment tables. Please indicate how many treatment tables will be used in the program.

PROGRAM PERSONNEL

9. Program owners. Please indicate the name and mailing address of the school owner. (If there is more than one owner, please list the same information for the additional owners on a separate page.)

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

10. Instructors. Please provide the names, authorization numbers, and mailing addresses for the program instructors. You only need to complete all the instructor sections below if you have multiple instructors. (If you have more instructors than spaces available below, please list the same information for the additional instructors on a separate page.)

Instructor 1

Name: _____

Authorization number: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Instructor 2

Name: _____

Authorization number: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

Instructor 3

Name: _____

Authorization number: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ ZIP: _____

EMPLOYEE CLASSIFICATION

You must read the Public Notice Statement and answer the two questions below. Please note that if you answer Yes to the second question, you must submit documentation. **Your application will not be processed without this information.**

1. Have you read and understood the Public Notice Statement below?

Yes No

2. Have you been investigated for employee misclassification?

Yes No

Please note: if you responded Yes to having been investigated for employee misclassification, you must submit the results of the investigation for review.

**Public Notice Statement
Required by N. C. Gen. Stat. § 143-789(a)(5)**

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4) (NC Department of Labor), 143-762(a)(3) (Employee Fair Classification Act), 96-1(b)(10) (Employment Security Act), 97-2(2) (Workers' Compensation Act), or 105-163.1(4) (Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

*Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582, Fax: (919)715-0282
Email: emp.classification@ic.nc.gov*

NOTE: don't send this form to the address on the left. Only use that address to report suspected misclassification. Send this form to the address at the top of the front page.

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. N.C. Gen. Stat. § 143-786.

FEE

The following fee must be paid before the board can approve the program.

- Inspection fee: \$100.00

Have you included the fee with this application? Yes No

ATTESTATION

I, _____, the owner, declare that I am the person making this application, that I have read the application in its entirety and understand its contents, and that all the statements made in this application are true and correct.

Owner's signature: _____ Date: _____