



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
Bureau of Educational Standards  
P.O. Box 22001  
Albany, NY 12201-2001  
(518) 486-3803  
www.dos.ny.gov

## Technical Nail Specialty Trainee Instructor Application

### PLEASE READ CAREFULLY, AS INCOMPLETE APPLICATIONS WILL BE RETURNED.

- » Individuals who wish to present a course or part of a course determined as a Nail Specialty related technical subject(s), must make application to the Department certifying their claimed expertise in the technical subject. Approval is granted to individuals based on their qualifications.
- » Attach a resume which certifies three years of expertise in a specific technical subject related to the performance of Nail Specialty Services.
- » A **one time \$25** non-refundable registration fee must accompany this original, signed application (photocopies are not acceptable). Fees may be paid by check or money order (made payable to the Department of State) or by MasterCard or Visa, using a credit card authorization form. Do not send cash.
- » **CHILD SUPPORT STATEMENT.** A Child Support Statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. **Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

### PLEASE PRINT OR TYPE.

INSTRUCTOR'S NAME \_\_\_\_\_

HOME ADDRESS (NUMBER AND STREET; APT. NUMBER) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

CURRENT OCCUPATION \_\_\_\_\_ BUSINESS TELEPHONE NUMBER \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_  
( ) ( )

BUSINESS ADDRESS (NUMBER AND STREET; ROOM/SUITE DESIGNATION) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

SUBJECT MATTER BEING PRESENTED \_\_\_\_\_

Have you ever been convicted of a criminal offense that is a misdemeanor or felony or had any license, certification, commission or registration denied, suspended or revoked in this state or elsewhere?

**Yes\***      **No**      **If Yes\*, attach a statement of complete details.**

**Child Support Statement – By signing this application,** I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

**Applicant Affirmation -** In addition, I affirm under the penalties of perjury, that the statements made in my application, including statements made in any accompanying papers, are true and correct.

*Applicant's Signature*

X \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY    EFFECTIVE DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    FEE RECEIVED: \$ \_\_\_\_\_ TO REVENUE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    RECEIPT #: \_\_\_\_\_

APPROVAL MAILED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    LABEL [    ]

**A fee of \$20 will be charged for any check returned by a bank for insufficient funds.**