



# 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

## Nail Specialty Trainee Instructor Application

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

- » A **\$25** non-refundable registration fee must accompany this original, signed application (photocopies of signed applications 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.
- » Each instructor must submit a resume reflecting at least three years of experience as a Licensed Nail Specialist.
- » **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 license suspended.** The intentional submission of a false written statement for the purpose of frustration 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 DATA

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

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

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

CURRENT OCCUPATION \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

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

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP+4 \_\_\_\_\_

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 EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_ FEE RECEIVED: \$\_\_\_\_\_ TO REVENUE: \_\_\_/\_\_\_/\_\_\_ RECEIPT #: \_\_\_\_\_

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

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