



**BOARD OF BARBERS AND COSMETOLOGISTS  
EXPERIENCE ATTESTATION FORM-INSTRUCTORS**

Full Legal Name: \_\_\_\_\_

I hereby attest under penalty of perjury the below information is true and complete as of the date signed, below.

Select the statement that applies to you:

\_\_\_\_\_ I have completed a 650 hour teaching training course as required by MCA 37-31-305 and ARM [24.121.607](#) (i). I have been actively engaged in practice as a **Cosmetologist, Barber, Esthetician, Electrologist, or Manicurist** (*Circle the type(s) you currently hold a Montana license for*), for 12 continuous months prior to taking the board approved examination of no less than 1500 hours.

\_\_\_\_\_ I have **not completed** a 650 hour teaching training course, but I meet the requirements of MCA 37-31-305 and ARM [24.121.607](#) (ii). I have been actively engaged in practice as a **Cosmetologist, Barber, Esthetician, Electrologist, or Manicurist** (*Circle the type(s) you currently hold a Montana license for*), for 12 continuous months prior to taking the board approved examination of no less than 1500 hours. I have also practiced a minimum of 1500 hours per year for a minimum of three years prior to applying for an instructor license.

I understand that I will have to meet the requirements of [24.121.1105](#) (2) (a)-(b) within 2 years if issued a license and that my information is required to go to a scheduled board meeting for approval.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date