



BOARD OF BARBERS AND COSMETOLOGISTS
EXPERIENCE ATTESTATION FORM

Full Legal Name:

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

Application Type: (Check One)

I attest that I have practiced as a licensed **Barber** a minimum of 2,200 hours of practice.

I attest that I have practiced as a licensed **Barber Non-chemical** a minimum of 1,800 hours of practice.

I attest that I have practiced as a licensed **Cosmetologist** a minimum of 3,000 hours of practice.

I attest that I have practiced as a licensed **Electrologist** a minimum of 1,200 hours of practice.

I attest that I have practiced as a licensed **Esthetician** a minimum of 1,300 hours of practice.

I attest that I have practiced as a licensed **Manicurist** a minimum of 800 hours of practice.

Signature

Date