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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