



**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 1250 hours of practice.

___ I attest that I have practiced as a licensed **Barber Nonchemical** a minimum of 1250 hours of practice.

___ I attest that I have practiced as a licensed **Cosmetologist** a minimum of 1500 hours of practice.

___ I attest that I have practiced as a licensed **Electrologist** a minimum of 750 hours of practice.

___ I attest that I have practiced as a licensed **Esthetician** a minimum of 750 hours of practice.

___ I attest that I have practiced as a licensed **Manicurist** a minimum of 750 hours of practice.

Signature

Date