

**Certification of Work Experience - Barber Teacher**

Applicant must have the owner from the shop in which they have been employed certify to the Board that the applicant has engaged in the practice of barbering in a licensed barber shop for at least eighteen (18) months .

**Affidavit - This Section Must be Notarized**

Shop Owner: \_\_\_\_\_ Shop License Number \_\_\_\_\_

Name of Shop \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Number of Months Worked: \_\_\_\_\_

Period of Employment: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)

↓ ↓ **For use if more than one employer needed to verify the required 18 months of work experience.** ↓ ↓

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Name of Shop \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Number of Months Worked: \_\_\_\_\_

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