

# Attestation of Barber Education and Training

To be submitted by applicants requesting a waiver of the theory exam.  
This form must be submitted with your complete application for licensure.

## APPLICANT INFORMATION

To be completed by the applicant:

**Full Legal Name:** \_\_\_\_\_  
*First Middle Last*

**Mailing Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*

## EDUCATION

To be completed by a licensed barber or cosmetologist/barber instructor:

Dates you participated in the schooling or training of the applicant:

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
*MM/DD/YYYY MM/DD/YYYY*

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a.

I further certify that the applicant has the necessary training and skill to practice as a licensed barber and support their request to waive the theory exam.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street/PO Box City State/Zip*