



Verification of Formal Cosmetology Trades Instructor Education

To be submitted by applicants who graduated from a **recognized instructor program**.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

License Number: _____ License Type: _____

EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE OFFICIAL PROGRAM REPRESENTATIVE.)

Dates of Enrollment: _____ to _____

Hours of instructor training at this school: _____

* Instructor training hours transferred from another school: _____

Total hours of all training: _____

Name of School: _____ License number _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

** If verifying hours transferred from another school, please complete the following:*

Name of Previous School: _____ License number _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Enrollment: _____ to _____

ATTESTATION:

I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-11a-707. I further certify that the applicant is qualified and competent to practice as a licensed instructor for (select one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Cosmetologist/Barber | <input type="checkbox"/> Esthetician | <input type="checkbox"/> Nail Technician |
| <input type="checkbox"/> Barber | <input type="checkbox"/> Electrologist | <input type="checkbox"/> Hair Designer |

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of certifying individual: _____ Date: _____

Printed name of certifying individual: _____

Please affix the school seal to the left and place this form in an envelope with the school seal over the envelope flap.

(Seal)

Please send the sealed envelope directly to DOPL or provide it to the applicant to include in their application.

Alternatively, the school may email this form directly to b2@utah.gov.