



Verification of Licensed Cosmetology Trades Experience

To be submitted by applicants applying based on **licensed work experience**. Each employer must complete a separate form.
***If SELF-EMPLOYED, the applicant should complete this form and write "Self-Employed" on the "Relationship to Applicant" line.**

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 EMPLOYER, SALON OWNER, OR HUMAN RESOURCES. *)

Name of Establishment: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: (_____) _____ – _____ Email: _____
 Dates of Employment: _____ to _____
 How many hours did the applicant work per week? _____
 How many overall hours did the applicant work during the dates of employment? _____

Describe the applicant's duties: *(attach additional form if needed)*

Is the applicant still employed? Yes No
 The applicant is/was a W-2 Employee Contracted Labor.
 If no, is the applicant re-hirable? Yes No

If not re-hirable, please explain: *(attach additional form if needed)*

ATTESTATION:

I do hereby certify that the applicant for licensure was actively engaged in the lawful practice at the above-named establishment for the number of hours listed for the following trade (select one):

- Cosmetologist/Barber Esthetician Nail Technician
 Barber Electrologist Hair Designer

I further certify that the applicant is qualified and competent to practice as a licensed instructor.

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

Signature of certifying individual: _____ Date: _____

Relationship to Applicant: _____