



Arizona State Board of Cosmetology
1740 W Adams St • #4400 • Phoenix, AZ 85007
https://bcb.az.gov/ • 480-784-4539

COSMETOLOGY PROOF OF WORK EXPERIENCE

This form is not to be filled out by applicant, family member or client.

Employed by Someone Else: This form can be filled out by the Owner/Manager or a licensed co-worker having evidence of applicant's working experience. This person would be your certifying person.

If you were the salon owner: This form can be filled out by your supplier, the company holding your lease, or a licensed employee of the salon. This person would be your certifying person.

This is to certify that (Name of Applicant) has actively worked as a

- Cosmetologist, Nail Technician, Aesthetician, Cosmetology Instructor, Nail Technician Instructor, Aesthetician Instructor

Work from: MM/YY to: MM/YY at: Name of Establishment as Licensed

Establishment Address: City: State: Zip:

Establishment License Number: Phone:

Certifying Person: Title: Address: City: State: Zip:

Certifiers License Number: Phone:

Signature: