

ARIZONA STATE BOARD OF COSMETOLOGY

1740 W Adams St. Suite 4400, Phoenix, AZ 85007

Phone: (480) 784-4539 Fax: (480) 784-4962

PROOF OF WORK EXPERIENCE FORM

**FORM WILL NOT BE ACCEPTED IF ALTERED IN ANYWAY! (THIS INCLUDES WHITE-OUT)
NOT TO BE FILLED OUT BY APPLICANT, FAMILY MEMBER, OR CLIENT!**

IF YOU WERE 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 work experience is to be used for: (check one below)

_____ Practiced for at least one year.

TO BE FILLED OUT COMPLETELY BY CERTIFYING PERSON

(PLEASE PRINT)

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

CHECK ONE:

___ Cosmetologist

___ Nail Technician

___ Aesthetician

___ Cosmetology Instructor

___ Nail Technician Instructor

___ Aesthetician Instructor

Work From: _____ To: _____ at: _____
Month\Year Month\Year Name of Establishment as Licensed

Certifying Person: _____
Printed Name of Certifier Full Street Address of Establishment

_____ City, State, and Zip Code

_____ Est. License No. _____ Est. Phone No.

_____ City, State and Zip Code

_____ Certifier's Personal License No. _____ Certifier's Phone No. _____ Title of Certifier (See above for authorized person)