

# ARIZONA STATE BOARD OF COSMETOLOGY

1721 E Broadway, Tempe, AZ 85282-1611  
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.

\_\_\_\_\_ 5 Years of licensed industry experience within the 10 years preceding the application.

**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: \_\_\_\_\_  
Month\Year Month\Year

at: \_\_\_\_\_  
Name of Establishment as Licensed

Certifying Person: \_\_\_\_\_  
Printed Name of Certifier

\_\_\_\_\_  
Full Street Address of Establishment

\_\_\_\_\_  
Full Street Address of Certifier

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Est. License No.

\_\_\_\_\_  
Est. Phone No.

\_\_\_\_\_  
Certifier's Personal License No.

\_\_\_\_\_  
Certifier's Phone No.

\_\_\_\_\_  
Title of Certifier (See above for authorized person)