



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF LICENSED WORK EXPERIENCE

HAIRDRESSER APPLICANT: Complete the TOP portion of this form and forward it to the hairdresser/barber shop owner where you performed work experience in the state of licensure. All questions on this form must be answered or it will be returned.

Applicant Name: _____ Date Of Birth: ____/____/____

Hairdresser License #: _____ State Issued: _____

APPLICANT - DO NOT WRITE BELOW THIS LINE - FOR HAIRDRESSING/BARBER SHOP OWNER USE ONLY

Full Name Of Shop: _____

Address Of Shop: _____

Owner: _____ Owner License Number: _____

I hereby certify that I am the owner of the above mentioned shop, and that said shop is duly registered in accordance with the laws of the state it is located in. I further certify that the above mentioned applicant for licensure in the State of Connecticut was employed by me from ____/____/____ TO ____/____/____ as a hairdresser / cosmetician / barber and worked a total of _____ hours.

Was this period of employment satisfactorily completed? YES NO *If NO, please explain on reverse side.*

Signature of Owner _____
Date

On this ____ day of _____, in the year 20____, _____ (*establishment owner*) personally appeared before me, who being duly sworn says that the statements made herein are true in every respect.

Signature of Notary My commission expires ____/____/____
Date

THIS FORM MUST BE SUBMITTED DIRECTLY BY THE HAIRDRESSING/BARBER SHOP OWNER TO:

Department of Public Health
Hairdresser / Barber Licensure
410 Capitol Ave., MS# 12APP
P.O. Box 340308
Hartford, CT 06134-0308