



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

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VERIFICATION OF APPRENTICESHIP HOURS

INSTRUCTIONS

An apprentice's approved supervisor completes and submits this form to the Board office above when the apprentice:

- completes the required apprenticeship hours, **OR**
- leaves his/her supervision, regardless of the reason for the departure.

APPRENTICESHIP INFORMATION

1. Full Name: _____
First Middle Family (Last)
2. Type of Apprenticeship Served (check one):
 Cosmetologist Master Barber Barber Nail Technician Aesthetician Electrologist
3. Name of Shop Where Apprenticeship Served: _____
4. Shop's *Professional* License Number: **M9-** _____
5. *Location* Address: _____
Street

City State Zip

STATUS OF APPRENTICESHIP

6. Supervisor's Name: _____
7. DE *Professional* License Number: ____ - _____
8. The above-named apprentice worked under my supervision from _____ to _____ and
completed a total of _____ hours.
Month/year Month/year Number

Attach Apprenticeship Log to show details.

Supervisor's Signature: _____ **Date:** _____

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this _____ day of _____, 2____.

Signature of Notary Public: _____

SEAL

My Commission expires: _____

