

Certification of Work Experience

Applicant must have the owner from the shop in which they have been employed certify to the board that the applicant has engaged in the practice of barbering in a licensed barber shop for at least eighteen (18) months .

Affidavit - This Section Must be Notarized

Shop Owner: _____ Shop License Number _____

Name of Shop _____

Address, City, State and Zip Code: _____

Employee Name: _____ Number of hours worked: _____

State of Ohio, County of _____

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

Signature of Owner (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this _____ day of _____ 20 _____

Notary Seal

SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)

For use if more than one employer needed to verify the required eighteen (18) months of work experience.

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Name of Shop _____

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