

Certification of Work Experience

An applicant seeking to substitute licensed work experience for an amount of training hours must have the owner of a salon in which they have been employed certify the claimed amount of experience to the Board by completing the form below.

Affidavit - This Section Must be Notarized

Salon Owner: _____ Salon License Number _____

Name of Salon _____

Address, City, State and Zip Code: _____

Employee Name: _____

Period of Employment: _____ Hours Worked per Week: _____

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 1800 hours of work experience.** ↓

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Name of Salon _____

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