

CERTIFICATE BY STUDENT

_____ attended _____
from the ____ day of _____ until the ____ day of _____,
continuously, with the following exceptions: _____
_____.

I, _____, hereby certify that the foregoing copy is
a correct account of the course completed by me at _____
that my work at the school has been at all times under the personal supervision of
a licensed instructor, and I further state that the information contained herein is
true and correct to the best of my knowledge.

(Student)

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

SEAL

Notary Public Official Signature
Expiration Date: _____

INSTRUCTORS CERTIFICATE

I, _____, hereby certify that I am a licensed
instructor in barbering / cosmetology in _____
school, that I have instructed the above named person and that the foregoing
statement is a true and correct record of the instruction obtained and the practice
performed by _____ (student).

(Instructor)

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

SEAL

Notary Public Official Signature
Expiration Date: _____

IDAHO BARBER AND COSMETOLOGY SERVICES LICENSING BOARD

Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: bcb@dopl.idaho.gov

STUDENT RECORD OF INSTRUCTION

BARBER

This record shall be maintained by the school and verified by both the
student and an instructor of the school. The record shall be kept to date and
available upon request for inspection by the Bureau during school hours.

This is the only official record of training and shall be submitted to the
Bureau within thirty (30) days of the student's completion of training.

Name
Address
Date & Place of Birth
Date of Admission to Barber School
Last Day of Attendance
Name and Location of Barber School

