

**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](mailto:bcb@dopl.idaho.gov)

**STUDENT RECORD OF INSTRUCTION**

**MAKEUP ARTISTRY**

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 Cosmetology School
Last Day of Attendance
Name & Location of Cosmetology School

