



Wisconsin Barbering & Cosmetology Examining Board

Employment Verification
(For Instructor and Manager Applicants)

Instructions: Completion of this form certifies that the Manager or Instructor applicant has completed the hours of practice as indicated below. This certification is to be provided by the manager of record in the establishment where the hours were served. This form should be mailed by the candidate to: Pearson VUE, 3131 S. Vaughn Way Suite 205, Aurora, CO 80014.

Licensed Barbering and Cosmetology Establishment

Establishment Name: License #:

Address:

City: State: Zip Code:

Select which examination the applicant is applying for.

- Manager Examination - The applicant named in this certification is applying for the Manager Examination and has completed:
- 4000 hours of licensed practice as a Cosmetology Practitioner or Barber
- 2000 hours of licensed practice as a Cosmetology Practitioner or Barber. Certification of having completed the required 150 hour manager training course will be submitted to DSPPS, PO Box 8935, Madison, WI 53708-8935
Instructor Examination - The applicant named in this certification is applying for the Instructor Examination and has completed 2000 hours of licensed practice. Certification of having completed the required 150 hours of Instructor training course will be submitted to DSPPS, PO Box 8935, Madison, WI 53708-8935. (Note: Applicants who hold a Manager license and have completed 150 hours of instructor course training do not need to complete this form).

I do hereby certify that (Name of Applicant) was employed under my supervision

from (Date) to (Date) for a total of hours. I also certify that no hours earned on

a temporary permit or as an apprentice are included and that only hours worked after the date the applicant's license was granted are included.

I, (Signature), Manager of Record, under the penalties of perjury,

declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Manager Signature:

Date Signed:

Manager License #:

Manager Phone #: