BARBER TRAINING AFFIDAVIT

This form must be completed by the OJT Instructor or school representative

CANDIDATE NAME: (PLEASE PRINT)	FIRST	MIDDLE	LAST	
SHOP / SCHOOL NAME:	:			
SHOP / SCHOOL ADDRE	ESS:			
SHOP / SCHOOL LICENSE NUMBER: SHOP / SCHOOL PHONE NUMBER:				
ENROLLMENT DATES:	FROM	_ТО	_ GRADUATION DATE:	
Men's Hairpieces – fitting, typ Disorders of the Skin, Scalp a Anatomy and Physiology – th Shop Management Retailing Licensing Laws History of Barbering Orientation and Introduction of Honing and Stroping Chemical Hair Relaxing – Intu Hair Coloring – temporary, pe Electricity and Light Therapy Chemistry – product knowled Testing	conduct and attitudes d Sanitation – types of bacter ind use preparation entals, implements, preparation cial types and modern trends d Over – Curly Hair – Hair str signing and techniques of cur methods, positions and types recommended treatments and massage, benefits and result ind women's, principles, types w drying and curling iron tech and women, types of perms, s pes of hairpieces and service and Hair – diseases and treat he body and its functions of School Staff and Policy rroduction, chemical processi ermanent, semi-permanent, – usage and precautions	eria, methods of sterilization on, tapered cuts, clipper to surructure, special problems tting	echniques, and methods s becial problems and aftercare	
(PRINT) NAME OF INST	RUCTOR INSTRUCTO	OR SIGNATURE	INSTRUCTOR LICENSE	E# DATE
(This section must be completed by a notary public) , first being duly sworn, deposes and says that he or she (listed above) is the Instructor of				
(PRINT) NAME OF NOTARY				

Barbering making the preceding statement, and that all statements made herein are true in every respect.

Sworn and subscribe to before me this ______ day of ______ 20_____.

Notary Public in and for the County of ______, State of _____My Commission Expires: _____

NOTARY SIGNATURE