BARBER SCHOOL TRAINING AFFIDAVIT

SCHOOL/SHOP AFFIDAVIT-check the appropriate box and then complete (type or print legibly except otherwise indicated)
NOTE: If you have worked in more than one shop, a separate training affidavit must be completed by each shop.

Barber

- □ Earned 1,250 hours in a licensed barber school or barber shop (in not less than nine months) under the supervision of a barber teacher
- □ Earned 695 hours in a licensed barber school (in not less than five months) with a Pennsylvania cosmetology license
- □ Earned 695 hours in a licensed barber shop (in not less than five months) with a Pennsylvania cosmetology license

Barber Teacher

- □ Worked at least five years in a licensed barber shop with a current barber or barber manager license
- □ Earned 1,250 hours as a teacher trainee in a licensed barber school with a barber manager license

Barber Manager

- □ Worked at least one year in a licensed barber shop with a current barber license

Barber by Endorsement

- □ Earned at least 1,250 hours of instruction in barbering in another state (copy of active license attached)(affidavit not needed)

This affidavit is to be completed by a licensed barber manager or barber teacher. Include the **TOTAL** number of hours successfully earned, including hours transferred from another school or shop.

Number of Formal Training Hours: _____in (category)_____
OR
Number of Years Worked: (manager and teacher applicants only) _____

School/Shop Name:_____

Address:_____

School/Shop License Number_____ School/Shop Telephone No: _____

Current Pennsylvania Barber or Manager License Number (if applicable) _____
Pennsylvania Cosmetology License Number (if applicable) _____
Earned hours from ___/___/___ to ___/___/___ (Application will be ineligible unless hours have already been completed)
Worked from ___/___/___ to ___/___/___ (Application will be ineligible unless proper number of years(s) have already been completed –applies to Barber Manager and Barber Teacher only)

I, being duly sworn according to law, do attest that

_____ _____
Candidates name (as it appears on the application) S.S. #

has successfully completed approved training in school or years worked.. In my professional assessment, I believe this candidate is fully qualified to take the licensure examination for which he/she applied.

Name of Barber Teacher, Manager: _____

Signature of above_____ Date ___/____/____

License number of above: _____

Subscribed and sworn before me this
_____ day of _____, 20_____ notary stamp

_____
Notary Public's Signature and Seal