

Cosmetology, Barbering, Esthetics, and/or Manicuring Apprentice Salon Shop Data Sheet

Salon information *Please type or print in dark ink*

Salon name		License number	
Business mailing address	City	State	ZIP code
Business physical address	City	State	ZIP code
(Area code) Business telephone number	(Area code) Fax telephone number	Email address	
Business owner(s) name <i>Last</i>	<i>First</i>	<i>Middle</i>	

Total number of hours required for course completion

Curriculum 1	Barber	Cosmetology	Esthetics	Manicuring
Curriculum 2	Barber	Cosmetology	Esthetics	Manicuring

Authorized Journey Level Trainer(s)

Name				This section for official use only				
Last	First	Middle	License no.	Issue date	Exp. date	Status	L&I approval	

For additional information contact the Cosmetology Section, or visit our web site at www.dol.wa.gov
 PO Box 9026
 Olympia, WA 98507-9026

X Approving signature _____	Date _____
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I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place	X	Signature
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Upon filing, this document becomes a public record and is subject to public disclosure provisions under RCW 42.56