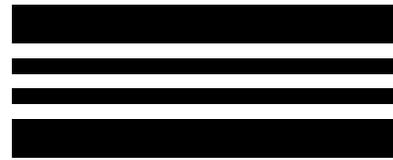




**Cosmetology, Hair Design, Barber,  
Manicurist, Esthetician, or  
Master Esthetician School  
Tuition Certification**



Use this form to certify the security requirement for a school license.  
When completed, send to:



**Cosmetology Program  
Department of Licensing  
PO Box 9026  
Olympia, WA 98507-9026**

**School information**

School name		
Address (Physical location)		
City	State	ZIP code
Email		
Total students enrolled	Number of instructors	

**Approved security information**

Your school may be required to provide documentation and records as evidence of your compliance with the security provisions of RCW 18.16.140(d).

Gross tuition (January 1 - December 31 of last year)	Amount of approved security required
\$	\$

**Certification**

By my signature, I certify that the above school meets the security requirement in an amount of ten percent of the annual gross tuition collection from January 1 to December 31 of last year, but not less than \$10,000, nor more than \$50,000.

I understand that a material misstatement of information on this certification report may be grounds for disciplinary action against the school license pursuant to RCW 18.16.200 and RCW 18.16.210 and I swear or affirm that the information is accurate and complete.

\_\_\_\_\_ **X** \_\_\_\_\_  
Date and place Signature of owner