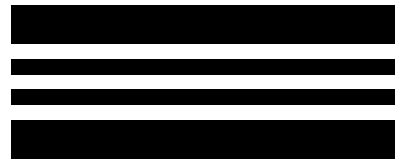




WASHINGTON STATE DEPARTMENT OF

LICENSING

Cosmetology, Hair Design, Barber, Manicurist, Esthetician, Master Esthetician, or Instructor School Data Sheet



You can use this form to provide us with information about your school, its curriculum, and any signees. Send your completed form to:
Cosmetology Program, PO Box 9026, Olympia, WA 98507-9026



20983-AUDITING

School information

PRINT or TYPE School name		Email	
Business mailing address			
City		State	ZIP code
Business street address			
City		State	ZIP code
(Area code) Business phone number		(Area code) Fax number	
Business owner name (Last, First, Middle)			
Manager name (Last, First, Middle)			

Total number of hours required for course completion

	Cosmetology	Hair Design	Barber	Manicurist	Esthetician	Master Esthetician	Instructor
Curriculum 1							
Curriculum 2							

Instructors authorized to sign – An instructor who is licensed in the curriculum and employed by the school

Last name	First name	Middle name	License number (if applicable)	Exp. date	Endorsement

Providing false information in this application may be cause for the denial, suspension, or revocation of your school license in the state of Washington.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place

X

Business owner signature