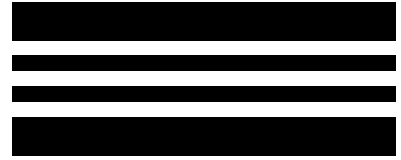




Cosmetology, Hair Design, Barber, Manicurist, Esthetician, or Master Esthetician Apprentice Salon Shop Data Sheet



20903-AUDITING

Send this completed form to:
Cosmetology
Department of Licensing
PO Box 9026
Olympia WA 98507-9026

For additional information visit our website at dol.wa.gov

Salon information

PRINT or TYPE Salon shop name		Salon shop license number
Business mailing address <i>(Address, City, State, ZIP code)</i>		
Business physical address <i>(Address, City, State, ZIP code)</i>		
(Area code) Business telephone number	(Area code) Fax number	Email
Business owners names <i>(Last, First, Middle)</i>		

Total number of hours required for course completion

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

Authorized trainers

Authorized trainers				Department use only		
Last name	First name	Middle name	License no.	Issue date	Exp. date	Status
X				Department approving signature		Date

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