

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
Business area code and telephone number	Fax area code and telephone number		E-mail 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