



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

VERIFICATION OF EMPLOYMENT AND SUPERVISION

APPLICANT INFORMATION – *To be completed by the Temporary Instructor Permit - Provisional Pathway applicant.*

Name: _____ Application Number: _____

Check your current DE-license Type: Aesthetician Barber Cosmetologist Electrologist Nail Technician

DE-License Number: _____

SCHOOL EMPLOYMENT INFORMATION

This section is to be completed and signed by the School Official.

Enter the information about the school where the above applicant will be employed.

Name of School: _____ Phone: _____

Physical Address: _____
Street

City _____ State _____ Zip _____

School Official Signature: _____ **Date:** _____

INSTRUCTOR SUPERVISION INFORMATION

This section is to be completed and signed by each person providing supervision to the applicant listed above.

Name of Supervisor: _____ Instructor License Number: ____ - _____

By signing below, you, as the Supervising Instructor, are confirming that the applicant listed above will be under your supervision while employed at the above school.

I confirm that I am the supervisor named above and I declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge and belief. Yes

Supervisor's Signature: _____ **Date:** _____

UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS

Make additional copies of this page as needed if applicant will be supervised by more than 4 supervisors.

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Supervisor's Signature: _____ **Date:** _____

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