

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

SEAL

Created 5/31/2023

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

Street	1.	Applicant Name:	Application	Number:		
Street City State Zip Code 3. In which State(s) do you currently hold a valid license: Current license number(s): EXPERIENCE INFORMATION PERVISOR INSTRUCTIONS: The above applicant has applied to the Delaware Board of Cosmetology and Barbering for licens ur previous or current employee is required to show proof of at least one year of uninterrupted full-time experience within the last years. Iter completing this form: Please have the applicant return the completed, signed, and notarized form to the Board office by loading the document as an "Additional Documentation" Service Request through the Applicant's DELPROS dashboard. Experience that is 5 or more years old cannot be counted toward the applicant's experience requirement. Information about Supervisor - This section is to be completed by the Supervisor of the applicant above 1. Supervisor's Full Name Supervisor's License # 2. Name of Establishment where supervision occurred: 3. License # of Establishment where supervision occurred: 4. Location of Establishment (Physical Address): Applicant's Supervised Experience - This section is to be completed by the Supervisor of the applicant above 5. Applicant's Job Title: 6. Start date (month'daylyear): (Please write "present" as the end date if the applicant is still currently employed.) 8. Detailed list of the applicant's job duties performed under your supervision: Confirm that I am the employer/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. SUPERVISOR SIGNATURE:	2.	Mailing Address:				
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		County of	State of			
		Sworn or affirmed before me a N	otary Public this	day of _	, 2	

My commission expires: _