



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

STATE OF DELAWARE

BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
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EMAIL: customerservice.dpr@state.de.us

VERIFICATION OF APPRENTICESHIP HOURS

INSTRUCTIONS

An apprentice's approved supervisor completes and submits this form to the Board office above when the apprentice:

- completes the required apprenticeship hours, **OR**
- leaves his/her supervision, regardless of the reason for the departure.

APPRENTICESHIP INFORMATION

1. Full Name: _____

First
Middle
Family (Last)
2. Type of Apprenticeship Served (check one):
 Cosmetologist Master Barber Barber Nail Technician Aesthetician Electrologist
3. Name of Shop Where Apprenticeship Served: _____
4. Shop's Professional License Number: **M9-** _____
5. Location Address: _____

Street

City
State
Zip

STATUS OF APPRENTICESHIP

6. Supervisor's Name: _____
7. DE Professional License Number: ____ - _____
8. The above-named apprentice worked under my supervision from _____ to _____ and completed a total of _____ hours.

Month/year
Month/year

Number

Attach Apprenticeship Log to show details.

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

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this form, that the statements herein contained are true.

Subscribed and sworn to before me this _____ day of _____, 2_____.

Signature of Notary Public: _____

SEAL

My Commission expires: _____

APPRENTICESHIP LOG

Use this log to record apprenticeship hours completed.
You may record the hours on a daily, weekly or monthly basis.

FROM THIS DATE (month/day/year)	TO THIS DATE (month/day/year)	TOTAL HOURS WORKED	Supervisor Signature	Apprentice Signature

Copy additional sheets as needed.