

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: <u>DPR.DELAWARE.GOV</u> EMAIL: <u>customerservice.dpr@delaware.gov</u>

DELAWARE SHAVING COURSE CERTIFICATION

INSTRUCTIONS

Applicant: Complete the Applicant Information section. Arrange for a school official to complete this certification *only if* requesting additional certification to teach Barbering.

School Official: Return the completed form to the applicant who will upload this document when making the request for additional certification.

If this request is approved, the Board office will issue a revised license certificate showing the additional instruction certifications. Your Cosmetologist/Cosmetologist Instructor license number will be the same.

Name:	Middle	Last/Family	
Delaware Cosmetology/Cosmetologist Instruc	ctor License Number: M5 -		
CERTIFICATION OF COURSEWORK – This	s section is to be complet	ed by the School Officia	l.
Landify that the manage managed above ha		Dankan Charitan accuman	
I certify that the person named above ha hours of theory and 25 hours of practical			
	l, in a school approved b	y the Delaware Departme	
hours of theory and 25 hours of practical	al, in a school approved b	y the Delaware Departme	ent of Education.
hours of theory and 25 hours of practical Barber Shaving Coursework Completed From Instructor Name:	on, in a school approved by the proved by the province of the	y the Delaware Departme are License No: <u>D6</u>	ent of Education.
hours of theory and 25 hours of practical Barber Shaving Coursework Completed Fro Instructor Name: School Name:	on, in a school approved by	y the Delaware Department The License No: <u>D6</u>	ent of Education.
hours of theory and 25 hours of practical Barber Shaving Coursework Completed From Instructor Name:	on, in a school approved by	y the Delaware Department The License No: <u>D6</u>	ent of Education.
hours of theory and 25 hours of practical Barber Shaving Coursework Completed Fro Instructor Name: School Name: School Address:	on, in a school approved by the school approv	y the Delaware Department of the Delaware Delaware Department of the Delaware Delawa	ent of Education.

APPLICANT - Upload the completed form to DELPROS when submitting your Service Request.