

AFFIDAVIT

I certify that the information given by me in this request is true to the best of my knowledge and belief and is made for the express purpose of obtaining an additional teaching certification related to licensure as a Cosmetologist/Cosmetologist Instructor. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Signature of Requester: _____ Date: _____

State of _____ County or City of _____

_____, being first duly sworn, deposes and says that he/she is the person who executed this request, that the information in it are true and that he/she has read and understands this affidavit.

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

Signature of Notary Public: _____

SEAL

My commission expires _____

REQUESTS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.