



AFFIDAVIT OF COMPLETION OF ADDITIONAL BARBER INSTRUCTION

STATE BOARD OF BARBER EXAMINERS
INDIANA PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317)234-3031

APPLICANT INFORMATION

Name of Student		Social Security Number
		- -
Date of Enrollment	Date of Completion	
Number of Hours of Additional Instruction Completed		

SCHOOL INFORMATION

Name of School	School License Number

Pursuant to IC 25-7-10-4 of the State Board of Barber Examiners statute, I certify that the above-stated certification of training to be a correct and accurate record of the student enrolled at the school of barbering named above, and meets the requirements of the State Board of Barber Examiners. I understand that providing fraudulent information may be grounds for disciplinary action against the license of the school.

Signature of School Official	Printed Name of School Official

Affix School Seal Here

AFFIDAVIT

STATE OF INDIANA

COUNTY OF _____ SS

Notary Seal

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

Signature of Notary	Printed Name of Notary

Notary's County of Residence	My Commission Expires (month, date, year)