

Print name

New Jersey Office of the Attorney General

Division of Consumer Affairs New Jersey State Board of Cosmetology and Hairstyling 124 Halsey Street, 6th Floor, P.O. Box 45003 Newark, New Jersey 07101 (973) 504-6400



Attestation of Experienced Practicing Licensee or Vocational-Technical School Instructor Pursuant to DCA Administrative Order 2021-05

Cosmetologist-Hairstylist

	First name	Mido	lle initial	La	st name
Street Address	City	;	State		ZIP code
Date of Birth	_	E-mail address			
has demonstrated proficiency in the following plicensure in this State as a cosmetologist-hairsty		areas suffi	cient to m	eet the q	ualifications fo
 Shaving Beard and Moustache Trimming Facials and Massage, Skin Care, Make and Temporary Hair Removal Shampooing Hair and Scalp Treatment, Recondition Treatment Hair and Basic Layer and Clipper Cut Razor, Scissors, Thinning Shears, Tap Hairstyling – including Pin Curls, Fing Waving, Blow Waving, Rollers, Hair Braiding, and Weaving 	ning – ering ger	Frosti Perma Chem Therm Manic	ng, Tipping unent Wav ical Relax mal Curling curing and	ng, and S ing ing and g and Wa Pedicur	Pressing aving
For experienced practicing licensees (EPL) of I hereby further attest that:	oniy:				
 I hold an active cosmetologist-hairsty Cosmetology and Hairstyling; and The applicant has worked under my sup Date started 	pervision for a				Board of
Month Day Year	Date	imisiicu _	Month	Day	Year
Street address City	County	2	Zip code	Pho	one no.

Signature

License No.

Date

For Vocational-Technical School Instructors only:

I hereby further attest that:

- I hold an active cosmetologist-hairstylist license from the New Jersey State Board of Cosmetology and Hairstyling; and
- Within the past three years, I served as an instructor as part of the applicant's vocational-technical education.

Street address	City	County	Zip code	Phone no.
Print name		Signature	License No.	Date