

TRAINING/EXPERIENCE VERIFICATION - BARBER APPLICANT

PART 1. TO BE COMPLETED BY BARBER APPLICANT

Instructions:

1. Complete Part 1 only.
2. Have a qualified person complete Part 2 and sign the form.
If you are self-employed as a barber, complete Part 2 and sign the form.
3. **Attach** the completed **ORIGINAL** form to the application.
(Copies are not acceptable).

Name (First, Middle)	(Last)	Social Security Number
Complete Mailing Address		Phone No. (Days)
		Date:

PART 2. TO BE COMPLETED BY SUPERVISOR OR EMPLOYER OF BARBER APPLICANT OR QUALIFIED PERSON

To supervisor/employer: The following information is needed to determine if the above-named individual meets requirements for a barber's license in Hawaii. Your help in providing accurate information is appreciated. Please return the completed and signed form to the applicant. **(If self-employed, complete this form and attach a copy of your shop or business license.)**

Check one:

- The person named above: served as an apprentice under my supervision. (Training)
 was employed as a barber. (Experience)
 was self-employed as a barber. (Experience)

Start Date	End Date	Total Time (yrs/mos)	Total Hours
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This section is to verify the TRAINING/EXPERIENCE of the applicant. The information provided will determine if the barber applicant has sufficient hours in the appropriate subjects to meet the barber qualification requirements.

TRAINING: Subject	HOURS	EXPERIENCE: Describe work.
Theory, Barber	(200-300) _____	
Haircutting and Hairstyling.....	(350-900) _____	
Haircoloring, Relaxing, and Bleaching	(75-130) _____	
Permanent Waving	(90-175) _____	
Shampooing and Conditioning.....	(50-100) _____	
Shaving, Moustache and Beard Trims	(20 - 50) _____	
Facials	(10 - 30) _____	
Scalp Treatments.....	(5 - 15) _____	
Shop Management and Sales	(40 - 65) _____	
Sanitation and Sterilization Practices	(50-100) _____	
Other (name subjects) _____	_____	
Total Clock Hours <input style="width: 50px; height: 20px;" type="text"/>		

I hereby certify that the information provided on the above-named applicant is true and correct, and that I am a licensed barber or qualified person.

Date: _____	_____ Signature of Supervisor/Employer/Qualified Person
	Print Your Name _____
	Title: _____
License No. _____	Shop's Name: _____
License Expiration Date: _____	Address: _____
	_____ _____ _____
	Phone No. () _____

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.