

EXPERIENCE VERIFICATION (OUTSIDE OF HAWAII) - BEAUTY OPERATOR

Access this form via website at: cca.hawaii.gov/pvl

PART I. TO BE COMPLETED BY APPLICANT

INSTRUCTIONS: A. Complete information in Part I only.
 B. Have a qualified person complete Part II and sign the form.
 C. **Attach the completed ORIGINAL form to the application. Copies are not acceptable.**

Applicant's Name: (First, Middle)	(LAST)
Complete Mailing Address: (Include Apt. No., City, State and Zip Code)	Phone No.: (days)
	Date:

PART II. TO BE COMPLETED BY OUT-OF-STATE EMPLOYER OR SUPERVISOR OF APPLICANT WITH OUT-OF-STATE BEAUTY OPERATOR OR APPRENTICE EXPERIENCE (IF SELF EMPLOYED, COMPLETE THIS FORM AND ATTACH SHOP OR BUSINESS LICENSE.) Failure to provide all the requested information will delay the processing of application.

The above person is applying for a beauty operator license in Hawaii. The applicant is required to submit proof of out-of-state experience as an operator or apprentice. Please supply the following information, sign this form, then return this form to the person at the above address.

Employment Date	Termination Date	Total Length of Employment yrs. mos.	Avg. Hrs. Per Wk.	Applicant worked as an: (check one) <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> APPRENTICE
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Describe the work performed by beauty operator or subjects taught to apprentice:	If applicant is an APPRENTICE, list the number of training hours for each of the subjects listed below: Theory _____ Salon Management _____ Unassigned _____ Haircutting _____ Scalp & Hair Treatment _____ Hairdressing & Shampoo _____ Permanent Waving _____ Hair Coloring _____ Hair Straightening _____ Facials & Makeup _____ Manicuring & Pedicuring _____ <p style="text-align: right;">TOTAL _____</p>
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(PRINT) Employer/Supervisor Name/Qualified Person's Name and Title	Name and Address of out-of-state shop	Employer/Supervisor License No. (Required)
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(SIGNATURE REQUIRED ON PAGE 2)

Print Name of Applicant: _____ Date: _____

I hereby certify that the information provided on the above-named person is true and correct and that I am a licensed operator of qualified person.

Signature of Out-of-State Employer/Supervisor/Qualified Person

Print Name of Out-of-State Employer/Supervisor/Qualified Person

Address of Employer

Phone No. () _____ Date: _____