



Arizona Barbering & Cosmetology Board
1740 W Adams St • #4400 • Phoenix, AZ 85007
https://bcb.az.gov/ • 480-784-4539

PROOF OF WORK EXPERIENCE

This form is not to be filled out by the applicant, family member, or client.

Employed by Someone Else: This form can be filled out by the Owner\Manager or a licensed co-worker having evidence of the applicant's working experience. This person would be your certifying person.

If you were the salon owner: This form can be filled out by your supplier, the company holding your lease, or a licensed salon employee. This person would be your certifying person.

This is to certify that (Name of Applicant) has actively worked as a
Cosmetologist Nail Technician Aesthetician Barber
Cosmetology Instructor Nail Technician Instructor Aesthetician Instructor Barber Instructor
Work from: MM/YY to: MM/YY at: Name of Establishment as Licensed
Establishment Address: City: State: Zip:
Establishment License Number: Phone:

Certifying Person: Title:
Address: City: State: Zip:
Certifiers License Number: Phone:

I attest that this information and supporting documents are true, accurate, and complete, and understand that any falsification, omission, or concealment of information may constitute a violation of the law and may be grounds for denial of my application.

Signature: