



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 who has evidence of the applicant's working experience. This person would be your certifying person.

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

This is to certify that _____ has actively worked as a:
(Name of Applicant)

Aesthetician

Barber

Cosmetologist

Instructor

Hairstylist

Nail Technician

Instructor Field:

Work from: _____ to: _____ at: _____
(Name of Establishment as Licensed)

Establishment Address: _____ City: _____ State: _____ Zip: _____

Establishment License Number: _____

Certifying Person: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Certifiers License Number: _____ Phone Number: _____

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: _____