

Arizona
Barbering and
Cosmetology
Board

Arizona School Verification Form

Applicant: _____
First Middle Last

School Name: _____

School Address: _____
Street City

Enrolled Course: _____
i.e. Aesthetics, Barber, Cosmetology, Hairstylist, Nail Technology, Instructor

MM DD YYYY
Date Enrolled for Training

MM DD YYYY
Projected Completion Date

School License Number

Print Authorized Official Name

Authorized School Official Signature

Date

Your student must upload this document to their PCS account when applying to take the examination at www.pcshq.com