

**STATE OF WISCONSIN
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
BARBERING AND COSMETOLOGY EXAMINING BOARD**

APPRENTICE PRACTICAL TRAINING CERTIFICATION

This certification must be completed if the applicant completed the required training as an apprentice. The certification must be completed by the manager of record in the establishment where the apprenticeship was served.

I do hereby certify that _____ Permit # _____
(Applicant's Name)

was trained as an apprentice at this establishment under my supervision from _____ to _____ for a total of _____ hours.

I, _____, Manager of Record, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Manager
License
Number

Signature

Date

LICENSED BARBERING & COSMETOLOGY ESTABLISHMENT

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ESTABLISHMENT LICENSE #: _____

Mail completed form with application and fee(s) to:

**Prometric
ATTN: WICOS
1260 Energy Lane
St. Paul, MN 55108**

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF APPRENTICE THEORY INSTRUCTION

This certification must be completed by a Wisconsin licensed instructor at either a Wisconsin Technical College or licensed Wisconsin Barbering and Cosmetology School. This form is to certify the completion of apprenticeship theory instruction.

I do hereby certify that _____ has completed _____ hours of
(Name of Apprentice) (Number)

apprenticeship theory instruction on _____ as required by Wis. Stats. § 454.06, and Wis. Adm. Code Ch. BC 6.
(Date)

I, _____, a certified instructor, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

Instructor
Certificate
Number

Instructor Signature

SCHOOL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

(SCHOOL SEAL)

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