

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](http://license.wi.gov)  
Email: [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPRENTICE THEORY CERTIFICATION OF TRAINING

**Instructions:** Completion of this form certifies that the apprentice has completed the **Apprentice Theory Instruction**. This certification is to be returned by a Wisconsin licensed instructor at a Wisconsin licensed Barbering or Cosmetology school or Wisconsin Technical College directly to the Department. The school or instructor may email the form to [DSPSCREDBAC@wisconsin.gov](mailto:DSPSCREDBAC@wisconsin.gov).

#### SECTION A: SCHOOL INFORMATION

Name of Certifying School

Address of School (number, street, city, state, zip code)

Email Address of School

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Telephone Number of School

#### SECTION B: CERTIFICATION OF HOURS

**THEORY INSTRUCTION TYPE** (select one):  BARBERING  COSMETOLOGY

I certify the applicant below has completed Apprentice Theory Instruction as required by Wis. Stat. § [454.10](#) or [454.26](#) and Wis. Admin. Code ch. [COS 6](#) or § [SPS 50.310](#).

Name of Applicant

 /  / 

Date of Birth

Hours

 /  / 

Date of Completion

By signing below, under the penalties of perjury, I certify the above applicant has completed declare the foregoing statements are true to the best of my knowledge and belief and that I personally signed this statement.

Signature of Certifying Instructor (If unable to provide a digital signature print and sign form.)

Instructor License #

 /  / 

Date