

Wisconsin Department of Safety and Professional Services

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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 provided by a Wisconsin licensed instructor at a Wisconsin licensed Barbering or Cosmetology school or Wisconsin Technical College. This form should be mailed by the training facility directly to: DSPS - Professional Credential Processing, PO Box 8935, Madison, WI 53708-8935, or emailed to: DSPSCREDBAC@wisconsin.gov.

SECTION A: SCHOOL INFORMATION

Name of Certifying School

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

Email Address of School

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Telephone Number of School

SECTION B: CERTIFICATION OF HOURS

I certify the applicant below has completed Apprentice Theory Instruction as required by Wis. Stat. § 454.10 or 440.26 and Wis. Admin. Code § 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
(Print and Sign Form)

Instructor License #

 / /

Date