

# 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: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPRENTICE PRACTICAL CERTIFICATION OF TRAINING

Instructions: Completion of this form certifies that the apprentice has completed the Apprentice Practical Instruction. This certification is to be returned by the Manager of Record where the apprenticeship was served directly to the Department. The Manager of Record may email form to [DSPSCREDBAC@wisconsin.gov](mailto:DSPSCREDBAC@wisconsin.gov).

### SECTION A: ESTABLISHMENT INFORMATION

Name of Establishment

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

Establishment License Number

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Telephone Number of Establishment

### SECTION B: CERTIFICATION OF APPRENTICESHIP

PRACTICAL INSTRUCTION TYPE (select one):  BARBERING  COSMETOLOGY

I certify the applicant below was trained as an apprentice at this establishment under my supervision 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

Number of Hours Worked

Apprentice Permit Number

 /  / 

Date Trained From

 /  / 

Date Trained To

By signing below, I attest as the Manager of Record, under the penalties of perjury, the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

I understand and agree to the above statements.

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

Manager License Number

 /  / 

Date