

# Wisconsin Department of Safety and Professional Services

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

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

## DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

### EMPLOYMENT VERIFICATION FOR BARBER APPRENTICE TRAINERS

<b>APPLICANT: Complete top portion of this form and forward to past or present employer.</b> Proper completion of this form is required for the application processing. Failure to submit proper documentation of employment will delay the processing of your credential application.			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<b>Barber License Number</b>	<b>Application Number</b>		<b>Date of Birth</b>
	PAR-		□□/□□/□□□□
<p><b>ATTESTATION OF APPLICANT:</b> I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations. <b>I hereby authorize the employer named below to provide the Department with the information requested below.</b></p>			
<b>Applicant Signature</b> (If unable to provide a digital signature print and sign form.)			<b>Date</b>
			□□/□□/□□□□

<p><b>PAST OR PRESENT EMPLOYER: The above-named applicant is required to have 2,000 hours of practice as a licensed barber in order to supervise apprentices. Certify employment</b> by completing form and return it directly to the Department using the LicensE Third-Party* Upload Portal at <a href="https://license.wi.gov">license.wi.gov</a>. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)</p>			
<b>Barber Manager/Owner Name</b>		<b>Establishment License Number</b>	
<b>Establishment Name</b>		<b>Total Number of Hours Worked</b>	
<b>Employment Period</b> (include month, day, and year)	From:	□□/□□/□□□□	To: □□/□□/□□□□
<p><b>ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT:</b> I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations. <b>I declare, as the Barber Manager or Owner, the foregoing statements are true to the best of my knowledge and belief, and that I personally completed and signed this form.</b></p>			
<b>Signature of Barber Manager or Owner</b> (If unable to provide a digital signature print and sign form.)			<b>Date</b>
			□□/□□/□□□□
<b>Email Address of Barber Manager or Owner</b>		<b>License Number</b>	