GEORGIA STATE BOARD OF COSMETOLOGY
237 COLISEUM DRIVE
MACON, GA 31217

_6_APPHRS

TRANSCRIPT OF BARBER APPRENTICE TRAINING

It is hereby certified that_____
Apprentice Last Name Apprentice First Name Apprentice Middle Name

Apprentice License. #_____

Salon Name _____ Salon License No._____

Completed the following hours from _____ to _____
MM/DD/YYYY MM/DD/YYYY

Master Signature _____ Master License No. _____

Apprentice Signature_____

Hours can only be obtained during the period of time that the apprentice is licensed. If an apprentice changes master supervisor or salon where he/she is apprenticing, a new apprentice application must be submitted. If the salon changes ownership, name or location causing a new license number to be issued, a new apprentice application must be submitted. Hours can only be obtained during the period of time that the apprentice, master and salon license are active. Only one apprentice renewal is allowed.

Courses	Hours Required	Hours Completed
Theory	400	
Hairstyling Techniques & Cutting	1000	
Shaving	50	
Shampooing	10	
Facials	20	
Scalp Treatment Techniques	20	
Permanent Waving, Relaxing and Chemical Application	400	
Additional Instruction	1100	
Total Hours	**3000**	

Sworn to and subscribed before me

This _____day of _____20_____

NOTARY SEAL

_____
Notary Signature
My commission expires on _____/_____/_____

APPRENTICE HOURS ARE DUE UPON COMPLETION OF THE APPRENTICESHIP OR CHANGE OF SHOP OR MASTER BARBER