



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



_6_APPHRS

TRANSCRIPT OF BARBER II APPRENTICE TRAINING

It is hereby certified that _____

Apprentice Last Name

Apprentice First Name

Apprentice Middle Name

Apprentice License. # _____

Salon/Shop Name _____ Salon/Shop 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/shop where he/she is apprenticing, a new apprentice application must be submitted. If the salon/shop 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/shop license are active.

Courses	Hours Required	Hours Completed
Theory	780	
Hairstyling Techniques & Cutting	1000	
Shaving	50	
Shampooing	10	
Facials	20	
Scalp Treatment Techniques	20	
Additional Instruction	400	
Total Hours	2280	

Sworn to and subscribed before me
 This _____ day of _____, 20 _____

 Notary Signature

My Commission Expires: _____

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

O.C.G.A. §45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL

Georgia State Board of Cosmetology and Barbers – BARBER II Apprentice Daily Log Month/Year _____

Apprentice license number _____ Print apprentice name _____ Signature of apprentice _____

Day	Theory	Hairstyling Techniques & Cutting	Shaving	Shampooing	Facials	Scalp Treatment Techniques	Additional Instruction	Total Hours
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

Sworn to and subscribed before me

NOTARY SEAL

Printed Name of Master _____

This _____ Day of _____, 20 _____

Signature of Master _____

Signature of Notary _____

Master License # _____

My commission expires:

Printed name of salon/shop owner or manager:

Signature of Salon/Shop _____

Owner/Mgr: _____
