



Board of Cosmetology

Sam Brownback, Governor

**Certification - One Year's Work Experience**

Documentation of one year's **work** experience must be verified by your employer or employers. If you have worked for two or more employers, please have each employer complete a form to substantiate one year's work experience (equal to 2000 hours). Part time can be counted for only those hours **actually worked**. **Each signature must be notarized to verify one year's work experience**. If you were self-employed **or** if your previous employer is no longer in business, you **must** obtain notarized statements from two patrons on whom you performed cosmetology services to substantiate your full year's work experience. **(The patron may use this form; salon license # and address are not required.)**

I, \_\_\_\_\_ hereby swear or affirm  
(Salon Owner/Manager)

\_\_\_\_\_ has been in my employ during the following dates:  
(Name of Employee)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Salon: \_\_\_\_\_ Salon License # \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (St) (Zip)

**Affidavit - This Section Must be Notarized**

State of Kansas )  
 )  
County of \_\_\_\_\_ )

I swear or affirm that all information contained in this application and the documents attached are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner/Manager (**Must be signed in front of the notary**)

Subscribed in my presence and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
(Notary Public - Commission expiration date is required)

**Notary Seal**