



AFFIDAVIT OF COMPLETION OF ONE HUNDRED FIFTY (150) HOURS OF INSTRUCTOR TRAINING

State Form 51771 (12-04)

Indiana Professional Licensing Agency
302 W. Washington St., Rm. E034
Indianapolis, IN 46204-2700
Telephone: (317) 234-3031

* Your Social Security number is requested by this agency in accordance with IC 4-1-8-1. It is mandatory that it be given. Social Security number are available to the Indiana Department of Revenue.

AFFIDAVIT

Pursuant to 820 IAC 2-2-6 of the rules of the State Board of Cosmetology Examiners, this is to certify that :

Name of student	Student Social Security number *
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has satisfactory completed an additional (150) hours of instruction in the theory and practice of instructor training at:

Name of school

Address (number and street, city, state, ZIP code)
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School license number	Date enrolled (month, day, year)	Date completed (month, day, year)
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Signature of school official	Date signed (month, day, year)
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I herby certify and declare that the above stated certification of training to be correct and accurate record of the student enrolled at the school of cosmetology named below, and meets the requirement of the State Board of Cosmetology Examiners.

Name of student	Signature of school official
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Name of cosmetology school	Printed name of school official
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STATE OF INDIANA }
COUNTY _____ } SS:

Subscribed and sworn before me on this _____ day of _____, 20_____.

NOTARY CERTIFICATE

Signature of Notary Public	NOTARY SEAL
Printed name of Notary Public	
Notary county of residence	
Notary commission expires	