

Print name

New Jersey Office of the Attorney General

Division of Consumer Affairs New Jersey State Board of Cosmetology and Hairstyling 124 Halsey Street, 6th Floor, P.O. Box 45003 Newark, New Jersey 07101 (973) 504-6400



for

Attestation of Experienced Practicing Licensee or Vocational-Technical School Instructor Pursuant to DCA Administrative Order 2021-05

Beautician

	First name	Middle initial	Last name		
Street Address	City	State	ZIP code		
Date of Birth	_	E-mail address			
has demonstrated proficiency in the followin licensure in this State as a beautician:	ng practical skill a	reas sufficient to mo	eet the qualification		
 Facials and Massage, Skin Care, Ma and Temporary Hair Removal 	ake-up, •	Permanent Waving			
ShampooingHair and Scalp Treatment, Recondit	• tioning •	Chemical Relaxing and Pressing Thermal Curling and Waving			
 Treatment Hair and Basic Layer and Clipper C Razor, Scissors, Thinning Shears, T 		Manicuring and Pe	dicuring		
 Hairstyling – including Pin Curls, F Waving, Blow Waving, Rollers, and Braiding Hair Tinting and Bleaching – include Frosting, Tipping, and Streaks 	inger • d Hair	Decontamination as	nd Infection Contro		
For experienced practicing licensees (EPI	L) only:				
I hereby further attest that:					
- I hold an active cosmetologist-hairst Board of Cosmetology and Hairstylin	•	n license from the N	Jew Jersey State		
- The applicant has worked under my	supervision for a	minimum of 30 day	S.		
Date started	Date fi				
Month Day Year		Month	Day Year		
Street address City	County	Zip code	Phone no.		

Signature

License No.

Date

For Vocational-Technical School Instructors only:

I hereby further attest tha

- I hold an active cosmetologist-hairstylist or beautician license from the New Jersey State Board of Cosmetology and Hairstyling; and
- Within the past three years, I served as an instructor as part of the applicant's vocational-technical education.

Street address	City	County	Zip code	Phone no.
Print name		Signature	License No.	Date