

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



Date

License No.

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

Hair Braiding Specialist

	First name	Middle initial	Last name
Street Address	City	State	ZIP code
Date of Birth		E-mail address	
nas demonstrated proficiency in the	following practical skill a	areas sufficient to me	eet the qualifications for
icensure in this State as a hair braid			
• Cleansing, Hair, and Sca	lp Analysis •	Extensions, Syntheti	ic and Human Hair
 Braiding Consultation 	•	Braid Styling	
 Classifying Texture 	•	Implements, Tools,	and Materials
 Types of Braids 	•	Decontamination an	d Infection Control
 Weaving, Wig and Wig 0 	Construction		
For experienced practicing licer	nsees (EPL) only:		
I hereby further attest that:			
- I hold an active cosmetol from the New Jersey State	•	_	specialist license
- The applicant has worked	under my supervision for	a minimum of 30 da	nys.
Date started	Date	finished	
Date started Month Day	Year Date	finishedMonth	Day Year

Signature

For Vocational-Technical School Instructors only:

T	hereby	further	attest	that
1	HCICOY	1 ul ul Cl	ancsi	ша

- I hold an active cosmetologist-hairstylist, beautician, or hair braiding specialist 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