



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



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

Manicurist

I hereby attest that the applicant herein, _____,
 First name Middle initial Last name

 Street Address City State ZIP code

 Date of Birth E-mail address

has demonstrated proficiency in the following practical skill areas sufficient to meet the qualifications for licensure in this State as a manicurist:

- Manicuring and Pedicuring
- Nail Tips and Extensions
- Nail Wraps
- Nail Gels
- Sculptured Nails
- Nail Art
- Temporary Hair Removal
- Decontamination and Infection Control

For experienced practicing licensees (EPL) only:

I hereby further attest that:

- I hold an active cosmetologist-hairstylist, beautician, or manicurist license from the New Jersey State Board of Cosmetology and Hairstyling; and
- The applicant has worked under my supervision for a minimum of 30 days.

Date started _____
 Month Day Year

Date finished _____
 Month Day Year

 Street address City County Zip code Phone no.

 Print name Signature License No. Date

