

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



To Board 6/2/2022

Certification of Cosmetology and Hairstyling School

I hereby certify that the applicant hereir	١,					,
, , ,	First name			Middle initial	Last name	,
in our opinion, meets all of the requi accordance with the Revised Statutes Examination for:						
☐ Cosmetology & Ha	irstyling	□ Ma	nicuring		Skin Care Specialty	
□ Barbering		□ Bea	uty Culture		Hair Braider.	
This applicant attended our school	☐ Full-time		Part-time.			
Date started	Date finished	Mont	n Day	Year	Hours completed	
To be admitted to the New Jersey State B of age, have completed the required ho						t 17 years
School name						
Address						
			Street address			
C	City		County		ZIP code	
Print name	Print name of Principal or Supervisor			Signature of	Principal or Supervisor	
	School official e-mail				Date	

- * To obtain a student permit to practice cosmetology and hairstyling, you *must* complete 600 hours of training.
- * To obtain a student permit to practice beauty culture, you *must* complete 550 hours of training.
- * To obtain a student permit to practice barbering, you *must* complete 450 hours of training.
- * To obtain a student permit to practice skin care specialty, you *must* complete 300 hours of training.
- * To obtain a student permit to practice manicuring, you *must* complete 150 hours of training.