Missouri Barber Training Affidavit

APPLICANT: _____
First Middle Last

SCHOOL: _____
Name

ADDRESS: _____
Street City State Zip

_____ _____ _____
Date of Enrollment Completion Date of Training School License #

Breakdown of Hours

SUBJECTS	**TOTAL HOURS**
History	_____
Professional Image	_____
Bacteriology	_____
Sterilization, Sanitation and Safe Work Practices	_____
Implements, Tools, and Equipment	_____
Properties and Disorders of the Skin, Scalp and Hair	_____
Treatment of Hair and Scalp	_____
Facial Massage and Treatments	_____
Shaving	_____
Haircutting	_____
Hairstyling	_____
Mustache and Beard Design	_____
Permanent Weaving	_____
Chemical Hair Relaxing and Soft Curl Permanents	_____
Hair Coloring	_____
Hair Pieces	_____
Chemistry	_____
Anatomy and Physiology	_____
Salesmanship and Shop Management	_____
State Law	_____
Total of Subject Hours	**_____**

The undersigned applicant, being duly sworn, deposes and says that he/she is the person who executed the application that all statements contained herein are true, that he/she has not suppressed any information that might affect this application and that he/she has read and understood this affidavit.

_____
SIGNATURE OF SCHOOL OWNER OR AUTHORIZED PERSONNEL

_____ _____
NOTARY PUBLIC'S SIGNATURE NOTARY'S STAMP OR SEAL

Subscribed and sworn to before me this _____ day of _____, 20 _____ My commission expires: _____