Missouri Cosmetology 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**
Shampooing of All Kinds…….	_____
Hair Coloring, Bleaches and Rinses…….	_____
Hair Cutting and Shaping…….	_____
Permanent Waving and Relaxing…….	_____
Hair Setting, Pin Curls, Finger Waves and Thermal Curling……...	_____
Combouts and Hairstyling Techniques…….	_____
Scalp Treatments and Scalp Diseases……...	_____
Facials, Eyebrows and Arches……..	_____
Manicuring, Hand and Arm Message and Treatment of Nails…….	_____
Cosmetic Chemistry……..	_____
Salesmanship and Shop Management……...	_____
Sanitation and Sterilization……...……	_____
Anatomy……...	_____
State Law……..	_____
Misc Lectures and Test Review……	_____

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: _____