Missouri Manicurist 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**
Manicuring, Hand and Arm Message and Treatment of Nails…….	_____
Salesmanship and Shop Management……...	_____
Sanitation and Sterilization……...……	_____
Anatomy……...	_____
State Law……..	_____
Study of the Use and Application of Certain Chemicals …….	_____
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: _____