



PROTECT PEOPLE & PROMOTE BUSINESS

Bureau of Professional Licensing
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CERTIFICATION OF COMPLETION OF A BARBER APPRENTICESHIP PROGRAM

Authority: P.A. 299 of 1980, as amended

This form must be submitted directly to this office by the supervising practitioner at the end of the apprenticeship program. If this form is submitted by the apprentice, it will not be accepted.

Table with 3 columns: Apprentice First Name, Middle Name, Last Name; Apprentice Date of Birth, MI Apprentice Registration Number, Completion Date of Apprenticeship; Barbershop Name, MI 10-digit Barbershop License Number.

Remainder of form to be completed by the Practitioner

CERTIFICATION AND SIGNATURE

I certify that the apprentice named above has successfully completed an 1,800-hour Barber apprenticeship program that satisfies the requirements of MCL 339.1108 of the Occupational Code, 1980 PA 299, as amended.

I further certify, under penalty of perjury, the information is true and complete.

Signature of Practitioner

Date

Print Name

Practitioner's License Number