



PROTECT PEOPLE & PROMOTE BUSINESS

Bureau of Professional Licensing
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VERIFICATION OF WORK EXPERIENCE

Authority: Act 299 of 1980

NOTE: Cosmetology: Years or months of work experience may be substituted for hours of training in a ratio of 100 hours of training credited for each 6 months of work experience.

Barber: Years or months of barber or barber apprentice experience may be substituted for hours of training in a ratio of 100 hours of training credited for each 3 months of barber or barber apprentice experience.

Section of Form to be Completed by Applicant: PRINT CLEARLY

Form with fields: Applicant's First Name, Middle Name, Last Name, Date of Birth (MM/DD/YYYY), Address, City, State, Zip Code, Telephone Number, Email Address.

Form with fields: Name of Employer where work experience was obtained, Street Address of Employer, City, State, Zip Code.

CERTIFICATION AND SIGNATURE

I certify, as the applicant named above, that I work/ed performing services of my profession for the above employer from

_____ to _____.
(Month/Day/Year) (Month/Day/Year)

Signature of Applicant

Date

Print or Type Name of Applicant