

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF BARBER AND COSMETOLOGY



BARBER FORMAL EDUCATION CERTIFICATE

This is to certify that _____, _____
(Applicant's Name) (Social Security Number)

was in regular attendance at _____
(Name of School)

from _____ to _____, a total of _____ months and _____ days
(Exact Date) (Exact date)

and that a certificate of graduation was issued to the student on _____

upon completion of a course consisting of _____ hours including _____
(Specify subjects)

_____.
(Specify subjects)

Instructor's Name Printed

Instructor's Signature

Instructor's License Number

Signature of Principal

(School Seal)

Date Issued _____

Return the completed form to:

Pearson VUE
Department DC-Barber
Metro-Plex I, Suite 250
8401 Corporate Drive
Landover, MD 207885