

GOVERNMENT OF THE DISTRICT OF COLUMBIA



OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF COSMETOLOGY
COSMETOLOGY SUPPLEMENTAL INFORMATION FORM

Name (Last, First, Middle Initial)

Date

Address

City

St

Zip Code

Cosmetology Ltd. Operator

Facial ()

Manicurist ()

Cosmetology Operator ()

Cosmetology Manager

Cosmetology Instructor ()

Cosmetology Owner ()

Demonstrator C () D ()

Note:

Class C Demonstrator license allow agents or employees of Manufacturers to conduct sales demonstrations, lectures and expositions and to apply cosmetic products **ONLY UPON THEMSELVES OR OTHER AGENTS** of the cosmetic company or to train employees of District merchants in the use of a product.

Class D Demonstrator license allows the agents to physically apply cosmetic products upon members of the public.

1. EXPERIENCE

<u>Name of Shop</u>	<u>Address</u>	<u>Employment Dates From and To:</u>
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____
4.) _____	_____	_____
5.) _____	_____	_____

2. TO BE COMPLETED BY COSMETOLOGY OWNER APPLICANTS ONLY:

Name of Manager: _____

License Number: _____

Name of School or Salon

Name of Instructor (Please Print)

Address

Signature of Instructor

City, St, and Zip Code

Instructor License Number

Date of Enrollment

Expiration Date of License