



**BOARD OF BARBERING AND COSMETOLOGY**  
 P.O. Box 944226, Sacramento, CA 94244-2260  
 P (800) 952-5210 F (916) 575-7281 [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)



## OUT-OF-STATE APPLICANT AFFIDAVIT OF EXPERIENCE – FORM C

**Instructions to the Applicant:**

Provide this form to a disinterested individual who can verify your experience. A disinterested individual can be an employer, employee, or client who can attest to your licensed experience. The individual must complete the portion marked “To Be Completed by Disinterested Individual Only.” Once completed, submit this form along with your Application for Examination, the appropriate fee, and other applicable documents to the Board. *Only licensed work experience will be considered.*

**SECTION A: APPLICANT INFORMATION**

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	

**SECTION B: TO BE COMPLETED BY A DISINTERESTED INDIVIDUAL ONLY**

Last Name	First Name	Middle Name	
Address	City	State	Zip Code

The Applicant listed above has performed the following type of work at the specified location during the time period indicated below.

Establishment Name	Phone Number		
Address	City	State	Zip Code

Type of work (check all boxes that are applicable):

Cosmetology   
  Barbering   
  Electrology   
  Skin Care   
  Nail Care

Time Period

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_

**SECTION C: DISINTERESTED INDIVIDUAL AND APPLICANT CERTIFICATION**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**X** \_\_\_\_\_  
 Signature of Disinterested Individual      Printed Name      Date

**X** \_\_\_\_\_  
 Signature of Applicant      Applicant Phone Number

