AFFIDAVIT OF COMPLETION OF ADDITIONAL HOURS OF INSTRUCTION

State Form 51774 (R / 6-08)

Reset Form

STATE BOARD OF COSMETOLOGY EXAMINERS
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3031
www.IN.gov/pla

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it. Social Security numbers are available to the Indiana Department of Revenue.

Type of instruction (*please check one*)

☐ Cosmetologist ☐ Manicurist ☐ Esthetician ☐ Electrologist ☐ Instructor

AFFIDAVIT

Pursuant to 820 IAC 2-2-5, 820 IAC 2-2-6, 820 IAC 2-2-7, 820 IAC 2-2-8, 820 IAC 2-2-10, and 820 IAC 2-2-11 of the rules of the State Board of Cosmetology Examiners, this is to certify that :

Name of student	Student Social Security number *

has satisfactory completed additional instruction in theory and practice at:

Name of school	License number of school

Address *(number and street, city, state, and ZIP code)*

Date of enrollment (*month, day, year)*	Date of completion (*month, day, year)*	Number of hours completed

I hereby certify and declare that the above stated certification of training to be correct and accurate record of the student enrolled at the school of cosmetology named above and meets the requirement of the State Board of Cosmetology Examiners and that I personally completed this affidavit. I understand that providing fraudulent information may be grounds for disciplinary action against the license of this school.

Signature of school official	Date of signature (*month, day, year)*

Printed name of school official

NOTARY CERTIFICATE

STATE OF INDIANA

SS

COUNTY OF _____

SEAL

Subscribed and sworn to before me this _____ day of _____ , _____ .

Signature of notary	Printed name of notary

Notary's county of residence	My commission expires (*month, day, year*)