



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001  
Customer Service: (518) 474-4429  
www.dos.ny.gov

## Affirmation of New York State Approved School

### INSTRUCTIONS:

*This should be used to affirm completion of New York State education for an Appearance Enhancement (Cosmetology, Esthetics, Nail Specialty, Natural Hair Styling, or Waxing) or Barber Operator License. This form must be completed by the school's director or principal.*

School name		
School address (provide street number and street name)		
City	State	Zip+4
School curriculum code (five digit numerical code assigned by NYS Department of State)		
School director's or principal's name in full (print)	Title (director or principal)	
Applicant's name in full (print)		

I subscribe and affirm under the penalties of perjury that the above named school is duly licensed pursuant to §5001 of the Education Law and/or approved by the Board of Regents of the State of New York. The person name on this application has successfully completed an approved course of instruction of training on \_\_\_\_\_ (Date)

**X** \_\_\_\_\_ (Signature of School Director/Principal) \_\_\_\_\_ (Date)

School Seal