

# Experience Statement

PLEASE PRINT OR TYPE

Customer Service: (518) 474-4429  
www.dos.state.ny.us

## IN THE MATTER OF THE APPLICATION OF

\_\_\_\_\_

(name)

Operator's License for: \_\_\_\_\_ Barber  
\_\_\_\_\_ Cosmetology  
\_\_\_\_\_ Esthetics  
\_\_\_\_\_ Nail Specialty  
\_\_\_\_\_ Natural Hair Styling  
\_\_\_\_\_ Waxing

I, \_\_\_\_\_, (witness) \_\_\_\_\_, reside at \_\_\_\_\_

in the county of \_\_\_\_\_ state of \_\_\_\_\_.

I am presently employed as a \_\_\_\_\_ for  
\_\_\_\_\_ county of \_\_\_\_\_ state of

\_\_\_\_\_. I have personally known \_\_\_\_\_ (applicant)

the applicant for an operator's license for a period of approximately \_\_\_\_\_ years. I know of my own knowledge that the  
said applicant engaged in the above-named practice from \_\_\_\_\_ to \_\_\_\_\_,  
(month, day, year) (month, day, year)

in the state/country of \_\_\_\_\_. Such knowledge is based on the following facts: (Please use reverse  
side if needed) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, subscribe and affirm, under the penalties of perjury, that  
the statements made herein have been examined by me and to the best of my knowledge and belief are true and correct.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)