



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

Apprentice Barber Time Record

NAME LAST FIRST M.I. UNIQUE ID NUMBER

HOME ADDRESS

CITY STATE ZIP+4

PERIOD COVERED From _____ 20 _____ To _____ 20 _____

IMPORTANT - DO NOT LOSE THIS RECORD. It will help to prove you worked as an apprentice.

- Record the number of hours worked each day on the reverse side of this sheet.
- Ask your licensed Barber Supervisor to sign this sheet each week on reverse.
- Show this sheet to the State Investigator when asked to do so.
- If you leave a shop or when you finish your apprenticeship, ask your Licensed Barber Supervisor to fill out the information in the "Record of Employment" section and sign one of the certification blocks below.
- Sign the apprentice certification below, and return this time record with your completed application form to apply for your barber license.

If you need additional sheets, you may photocopy this sheet as many times as needed.

RECORD OF EMPLOYMENT

Name of Shop	Address	From	To

CERTIFICATIONS - Licensed Barber Supervisors

I certify that this apprentice worked under my supervision on hours shown From _____ To _____ Supervising Barber's Signature _____ Date Signed _____ UID No. _____	I certify that this apprentice worked under my supervision on hours shown From _____ To _____ Supervising Barber's Signature _____ Date Signed _____ UID No. _____
I certify that this apprentice worked under my supervision on hours shown From _____ To _____ Supervising Barber's Signature _____ Date Signed _____ UID No. _____	I certify that this apprentice worked under my supervision on hours shown From _____ To _____ Supervising Barber's Signature _____ Date Signed _____ UID No. _____

APPRENTICE CERTIFICATION: I certify that this booklet contains a true record of my apprenticeship.

Signature of Apprentice _____

Apprentice UID No. _____ Date _____

