



# 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 Supervising Barber

### INSTRUCTIONS:

*This form should be completed by a licensed Supervising Barber to affirm the apprenticeship of a Barber Operator or Barber Apprentice Applicant.*

### Barber or Barber Apprentice Applicant Information:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

APPLICATION OR UNIQUE ID NUMBER: \_\_\_\_\_

### Supervising Barber Information:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

SUPERVISING BARBER OPERATOR LICENSE UNIQUE ID NUMBER: \_\_\_\_\_

BARBER SHOP NAME: \_\_\_\_\_

BARBER SHOP LICENSE UNIQUE ID NUMBER: \_\_\_\_\_

### FOR BARBER OPERATOR APPLICANTS:

*If you are applying for a Barber Operator license based on apprenticeship, this must be completed by your supervising Barber:*

### Apprenticeship Dates:

From: \_\_\_\_\_ From: \_\_\_\_\_ From: \_\_\_\_\_

To: \_\_\_\_\_ To: \_\_\_\_\_ To: \_\_\_\_\_

I, the undersigned, subscribe and affirm under the penalties of perjury, that the named applicant practiced as a registered apprentice Barber under my supervision and direction during the time period indicated and while I was duly licensed as a Barber under the provisions of the General Business Law (Article 28).

SUPERVISING BARBER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR BARBER APPRENTICE APPLICANTS:

*If you are applying for a Barber Apprentice license, your supervising Barber must complete the following:*

I, the undersigned, subscribe and affirm under the penalties of perjury, that the named applicant will be under my supervision and direction for the 24-month apprenticeship as provided under provisions of the General Business Law (Article 28).

SUPERVISING BARBER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_