

**STATE OF WISCONSIN  
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES  
BARBERING AND COSMETOLOGY EXAMINING BOARD**

CERTIFICATION OF TRAINING

The certification must be completed by a Wisconsin licensed instructor at a Wisconsin licensed barbering and cosmetology school or specialty school or Wisconsin Technical College to certify completion of training as a student or of theory hours for the manager or instructor examination. This certification does not need to be completed if submitting proof of 4,000 hours of professional experience for the manager examination.

Check the appropriate box:

Training provided in Wisconsin

Training provided in another state (Complete records of training and graduation must be included for training completed in another state.)

I do hereby certify that \_\_\_\_\_ has graduated on \_\_\_\_\_  
(Applicant's Name) (Date)

from a course of instruction \_\_\_\_\_ which consists of \_\_\_\_\_  
(Type of Training) (Hours)

of training and complies with Wis. Stats. §§ 454.06 or 440.63, and Wis. Admin. Code Ch. BC 5 or BC 6, or RL 65.03.

If certifying out-of-state training, please check below all actions taken to verify:

- \_\_\_\_\_ Verification of Student Identity (Method used: \_\_\_\_\_ )
- \_\_\_\_\_ Review of Diploma
- \_\_\_\_\_ Review of transcripts
- \_\_\_\_\_ Contact with Out-of-State School to verify specific student attendance
- \_\_\_\_\_ Theory testing (# of hours: \_\_\_\_\_)
- \_\_\_\_\_ Practical testing (# of hours: \_\_\_\_\_)

WHEN CERTIFYING TRAINING FROM A NON-WISCONSIN SCHOOL, THE CERTIFYING SCHOOL MUST AFFIX AN ORIGINAL SEAL TO THE CERTIFICATION OF TRAINING FORM AND PLACE IT IN A SEALED ENVELOPE WITH THE SCHOOL RETURN ADDRESS.

I, \_\_\_\_\_, a certified Instructor, under the penalties of perjury, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

\_\_\_\_\_  
Certifying Instructor Signature Instructor License # \_\_\_\_\_

Date Signed \_\_\_\_\_ Instructor Telephone # \_\_\_\_\_

Certifying School Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Out of State School Name: \_\_\_\_\_ Telephone # \_\_\_\_\_  
(If applicable)

Address: \_\_\_\_\_  
City State Zip Code

MAIL COMPLETED FORM WITH APPLICATION AND FEES TO:

**Prometric  
ATTN: WICOS  
1260 Energy Lane  
St. Paul, MN 55108**

(SCHOOL SEAL)

#2725 (Rev. 9/11)  
Ch. 454, Stats.

Committed to Equal Opportunity in Employment and Licensing