



APPLICATION FOR A WORK PERMIT

STUDENT INFORMATION: Name Last First Middle Address City Zip Code County Contact Number (Include Area Code) Email Address Social Security #

SCHOOL INFORMATION: Where training was received. Name of School Address City State Zip Code Program of Study Date of Enrollment Date of Completion

I understand this work permit is valid only until my scheduled Ohio Board examination date. I further understand this work permit must be returned to the Ohio State Cosmetology and Barber Board at the time of my participation in the examination and that I am permitted to work only in an Ohio facility licensed for the scope of practice of my examination. Rescheduling of an examination date does not extend the date of work permit. Applicant is only eligible for one (1) work permit.

AFFIDAVIT

State County

I swear or affirm that all information contained in this application and the documents attached are true and accurate to the best of my knowledge and belief.

(Signature of Applicant must be signed in front of the Notary)

Subscribed in my presence and sworn to before me this day of, Year

(Notary Public - Commission Expiration Date is Required)

NOTARY SEAL