



THE STATE
of

ALASKA Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Barbers and Hairdressers Program

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Verification of Manicuring Work Experience

For the August 31, 2017 – August 31, 2019 Renewal Period

Separate from this form, you will need to submit a written request to be scheduled for the National nail Technician written examination and the \$60 examination fee. The written examination is offered in English, Korean, Spanish, and Vietnamese. If you would prefer to be administered the examination in a foreign language, your written request must reflect that.

Applicant: Complete the top section of this form and have your present or former employer complete this form to receive credit for work experience when applying for renewal as a manicurist. (See 12 AAC 09.006(a) and (b)(1)). If you were self-employed, an individual who has direct personal knowledge of your work experience hours while you were self-employed may sign this form certifying your work experience as a manicurist.

Please have the person verifying your work experience mail this form directly to the above address.

Applicant's Signature			
Printed Name		License #	
Complete Mailing Address			
Address			

— — THIS PART TO BE COMPLETED BY PRESENT OR FORMER EMPLOYER — —

Name of shop where applicant was employed			
Mailing Address			
Daytime Phone Number			
Dates of Employment		Number of hours worked	
How are you associated with the applicant?			

I certify that the above information is true and correct to the best of my knowledge. I am verifying the applicant has performed the hours of work experience in manicuring, as noted above.

Notary Stamp	Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	