



THE STATE of ALASKA

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

BAH

FOR DIVISION USE ONLY

Barbers and Hairdressers Program

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: BoardofBarbersHairdressers@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

NON-CHEMICAL BARBER STUDENT AFFIDAVIT OF COMPLETED TRAINING

(This form is to be used when a student has completed their training)

12 AAC 09.130(f) requires that within five working days after completion by a student of a course of study, the school owner shall submit to the board an affidavit showing the total number of operations, and the total number of hours of training and theoretical instruction completed by the student, and the date of completion of the course. This affidavit will serve as certification by the school that the student meets eligibility requirements necessary for examination for licensure. (Note: To be considered for the examination, the application, monthly reports, Affidavit of Training and fees must be complete and received in the division by the required examination deadline for which the applicant wishes to be scheduled. See 12 AAC 09.005 and AS 08.13.080. School owners: you must follow 12 AAC 09.130 for the submission of reports.)

Name of Student/Apprentice

Student's Permit Number

Mailing Address of Student/Apprentice

Name of School or Shop Where Training Received

Date Enrolled:

Date Completed:

I hereby certify that the above-named student obtained the following Practical Operations in accordance with 12 AAC 09.161. The total number of operations performed is indicated below:

Table with 2 columns: Subject, Number of Practical Operations Performed. Rows include Wet hair styling and drying, and Thermal hair styling and drying.

Haircutting, including hair analysis and the use of the razors, scissors, electric clippers, and thinning shears, for wet and dry cutting..... \_\_\_\_\_

Scalp and hair treatments, including hair and scalp analysis, brushing, electric and manual scalp manipulation and other hair treatments ..... \_\_\_\_\_

<b>Subject</b>	<b>Number of Practical Operations Performed</b>
Beard trimming .....	_____
Beard shaving .....	_____
Theory Hours.....	_____ hours
State Law (Statutes and Regulations) .....	_____ hours

**I further certify that the above-named student/apprentice received the following hours of training in accordance with 12 AAC 09.161:**

**Total Hours of Training Received:** \_\_\_\_\_

***This affidavit serves as certification by the school that the student meets training requirements necessary for examination for licensure as required by 12 AAC 09.130(f).***

\_\_\_\_\_  
Signature of Instructor or School Owner

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires: \_\_\_\_\_