



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

AFFIDAVIT TO VERIFY RHODE ISLAND BARBER APPRENTICE TRAINING

This is to certify that _____
(Please print name of barber apprentice)

has worked full time as a barber apprentice in my salon under Barber Apprentice

Registration Number _____.

Name of Salon _____

Location of the Salon _____

License Number of the Salon _____

Apprenticeship began on _____ and ended on _____
Month/Day/Year Month/Day/Year

Name of Sponsoring Barber or Hairdresser _____
(Please print)

Signature of Sponsoring Barber or Hairdresser _____

License Number of Sponsoring Barber or Hairdresser _____

Subscribed and sworn before me this ____ day of _____, 20____.

Notary Public

Commission No. and Expiration Date