



Attestation of Barber Education and Training

*To be submitted by applicants requesting a waiver of the theory exam.
This form must be submitted with your complete application for licensure.*

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

EDUCATION

Name of School/Establishment: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Dates of Education: _____ to _____

ATTESTATION

(MUST BE COMPLETED BY A LICENSED BARBER OR COSMETOLOGIST/BARBER INSTRUCTOR)

I certify that I am a licensed barber or cosmetologist/barber instructor who participated in the school or training of the applicant named above, who has successfully completed a program of education and training as outlined in [Utah Admin. Code R156-11a](#).

I further certify that the applicant has the necessary training and skill to practice as a licensed barber and I support their request to waive the theory exam.

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature, acknowledges receipt of Privacy Notice information.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Instructor: _____ Date: _____

Instructor's Name: _____ License Number: _____