



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
<https://dos.ny.gov>

Experience Statement

PLEASE PRINT OR TYPE

IN THE MATTER OF THE APPLICATION OF

(name)

Operator's License for: _____ Barber
 _____ Cosmetology
 _____ Esthetics
 _____ Nail Specialty
 _____ Natural Hair Styling
 _____ Waxing

I, _____, reside at _____
(witness)

in the county of _____ state of _____.

I am presently employed as a _____ for
_____ county of _____ state of
_____.

I have personally known _____
(applicant)

the applicant for an operator's license for a period of approximately _____ years. I know of my own knowledge that the
said applicant engaged in the above-named practice from _____ to _____,
(month, day, year) (month, day, year)
in the state/country of _____.

Such knowledge is based on the following facts: (Please use reverse side if needed)

I, _____, subscribe and affirm, under the penalties of perjury, that
the statements made herein have been examined by me and to the best of my knowledge and belief are true and correct.

(Signature)

(Date)