



IDAHO

Apprentice Authorization Form

(Apprentice Supervisor completes and submits to CosmoSupport@ProvExam.com)

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION FOR APPRENTICE CANDIDATE:

_____	_____	_____	_____	
Last Name	First Name	MI	Date of Birth	
_____	_____	_____	_____	
Mailing Address	Apt #	City	State	Zip Code
_____	_____	_____	_____	
Social Security #	Home or Cell Phone Number	Work Phone Number		

Email Address - CANNOT be used by another candidate. PLEASE PRINT CLEARLY AND LEGIBLY.

PLEASE CHECK THE EXAMINATION DISCIPLINE THAT YOUR APPRENTICE IS QUALIFIED FOR:

<input type="checkbox"/> Barber 1 (No Chemical)	<input type="checkbox"/> Barber Stylist	<input type="checkbox"/> Cosmetologist
<input type="checkbox"/> Electrologist	<input type="checkbox"/> Esthetician	<input type="checkbox"/> Nail Technician

APPLICATION AUTHORIZATION INFORMATION

By my signature below I affirm that the apprentice indicated on this form is eligible for the examination according to the requirements of the Idaho Barber & Cosmetology Licensing Board (Idaho DOPL).

I understand and will direct my apprentice to Provexam.com for examination information and to register for examination and that they shall select ID – Apprentice - #1111 in the Education Requirements section when registering.

APPRENTICE SUPERVISOR PRINTED NAME _____

APPRENTICE SUPERVISOR SIGNATURE _____ DATE: _____

PHONE # _____ EMAIL ADDRESS: _____