



**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 Sponsor \_\_\_\_\_  
(Please print)

Signature of Sponsor \_\_\_\_\_

License Number of Sponsor \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Commission No. and Expiration Date