APPRENTICE MONTHLY RECORDING FORM

REPORT MUST BE IN OFFICE BY 15TH DAY OF MONTH AFTER MONTH HOURS ARE EARNED
(Example: January hours due by February 15th, February hours due by March 15th)
Please print information and sign in appropriate places

Month: __________________   Year: ______

Apprentice Name as it appears on your Apprentice Permit:

(Last Name)                       (First Name)                                            Permit #
                                          (RED number on Permit)

Shop Name:  ___________________________________  Shop License # ________________

Shop Address: ________________________________________________________________

Type: ___ Barber  ___Cosmetologist  ___ Esthetician  ___ Manicurist   ___ Natural Hair Stylist

1  2  3       4      5   6  7
8  9         10      11     12  13  14
15          16        17      18     19   20  21
22  23         24       25      26   27  28
29  30         31        Hours earned this month

Total hours earned to date

I hereby certify the above hours are true and correct.

Apprentice Signature: _________________________________

Sponsor Signature: _________________________________  Date:  ___________

Sponsor Name:  _________________________________  Sponsor License # ________
                                          (Last)                                  (First)

Revised 9/2017