

New Mexico Training Affidavit

APPLICANT: _____
 First Middle Last

SCHOOL: _____
 Name

ADDRESS: _____
 Street City State Zip

SCHOOL CONTACT: _____ SCHOOL PHONE NUMBER: _____

Date Enrolled for Training Completion Date of Training School License Number

AREA OF STUDY: (Select One)

- BARBER** (1200)
- COSMETOLOGY** (1600)
- ELECTROLOGY** (600)
- ESTHETICS** (600)
- INSTRUCTOR** (1000)
- MANICURIST/ ESTHETICIAN** (600)
- MANICURIST/ PEDICURIST** (350)

TOTAL HOURS COMPLETED _____

The applicant who is listed above has successfully completed at least the required number of course hours of instruction in a licensed school.

Affix Notary or
Official School Seal Here

X _____
Signature of School Official

This form must be completed and returned with your Examination Application to:

Professional Credential Services/New Mexico Cosmetology
P.O. Box 198768
Nashville, Tennessee 37219-8689