



BARBER & COSMETOLOGY LICENSE VERIFICATION FORM (for Colorado only)

To be completed by the licensing authority only

Section 1: Instructions

Please provide the information requested below and return this form to International Education Research Foundation, Inc. (IERF).

This form should be sent directly to IERF at the following address:

Post Office Box 3665
Culver City, California 90231-3665
U.S.A.

Section 2: Please print or type.

Name of Applicant: _____

Name of Registration/Licensing Center: _____

Address of Registration/Licensing Center: _____

Telephone: () _____ Fax: () _____ Email: _____

Date of First Registration/Issue of License: _____

Legal Professional Title (Barber, Aesthetician, etc.): _____

Scope of Practice: _____

Registration/License Number: _____

Was a written examination required for licensure? Yes No

Was a practical examination required for licensure? Yes No

Registration/Licensure Status (active, inactive, expired, restricted): _____

If the license was restricted, revoked, suspended or placed on probation, please explain why: _____

Date of Expiration of Registration/License: _____

Registration/License Verified by (name): _____

Title: _____

Signature _____ Date: _____

Affix Seal Here

Thank you for your assistance.