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: ________________________________

Thank you for your assistance.

Rev 11/10