**IMPORTANT NOTICE**: Completion of this form is necessary for consideration for licensure under 225 ILCS 410 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF EMPLOYMENT/EXPERIENCE

**VE-COB** 

APPLICANT: Complete the applicant section of this form. Forward the form to an employer, or client who has personal knowledge of your practice.

1.	NAME	LAST	FIRST	MIDDLE	2. DATE OF BIRTH	3. SSN OR ITIN	
					/ / /	_	
					Month Day Year		
4.	<ol> <li>ADDRESS STREET, CITY, STATE, ZIP CODE (P.O. Box alone is not acceptable)</li> </ol>				5. PROFESSION NAME, PRO	DFESSION CODE.	
					Profession N	ame Profession Code	
6. MAIDEN OR GIVEN SURNAME					7. ILLINOIS LICENSE NUMBER (Restoration applicants only)		
DECLARANT: Complete the remainder of this form.							
	RT I						
Α.	NAME OF D	ECLARANT			B. RELATIONSHIP TO APPL	ICANT	
						/er  Client	
PART II							
Α.			BY APPLICANT	0	B. DATES OF APPLICANT'S	PRACTICE	
	Cosm		Esthetic		From / /	To / / /	
	🔲 Barbe	ering	🗖 Nail Tec	hnology	Month Day	Year Month Day Year	
C. LOCATION OF APPLICANT'S PRACTICE (salon name, street address, city, state, zip code)							
D. PROFESSIONAL SERVICES PERFORMED BY APPLICANT							
	I do hereby declare that the information I have recorded hereon is true and correct.						
	Signature of Declarant				Street Address of Declarant		
	Date Signed				City, State, Zip Code of Declarant		

IL486-0216 3/24 (LT)