

WEST VIRGINIA BOARD OF BARBERS AND COSMETOLOGISTS

Send to:
 Fax: (304) 558-3450
 Or
Crystal.R.Severson@wv.gov

BARBER APPRENTICE MONTHLY HOURS FORM

This form must be completed in its entirety and submitted to the Board every month by the 10th of the following month (i.e. the apprentice's hours for January are submitted to the Board by February 10th). Failure to submit the monthly hours form by the due date may result in the revocation or suspension of the barber apprenticeship permit.

MONTH/YEAR _____

APPRENTICE NAME: _____ APPRENTICE PERMIT#: _____

BARBER NAME: _____ BARBER SHOP NAME: _____

Day of Month	Start Time	Finish Time	Hours Earned	Chapter Studied	Hours of Theory	Hours of Practical
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						

Total Monthly Hours: _____

BARBER APPRENTICESHIP PROVIDER & APPRENTICE ACKNOWLEDGEMENT

By signing below, I affirm, through my signature that the information completed on this form is true in every respect. I understand that by submitting false or inaccurate records may result in the revocation or suspension of the barber apprenticeship permit and/or other penalties.

Barber Signature: _____ Date: _____ Apprentice Signature: _____ Date: _____