

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 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).

MONTH/YEAR _____

APPRENTICE NAME: _____ APPRENTICE SSN #: _____

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