

Professional Grooming Credential

Education Eligibility Statement

Candidat	te's Name:		L)	(M: J] - L-:+:-])	
	(Last)	(Firs	tj	(Middle Initial)	
Candidat	te's Address:				
	(Street Address/P	O Box, City, State, Zip)			
Email Address:		Phone Number:			
Candidat	te's Date of Birth:/ (MM) (DD		Last 4 di	gits of SS#:	
Course Dates (mm/dd/yy)	Course Title	Course Type (eg: private, group class, retreat, vocational, training, handling)	Course length (eg: hours)	Course location (eg: show name, city/state, school name, city/state or online/virtual)	School or course grade/pass/fail

I, the candidate, attest that I have attended the above-mentioned courses.

Candidate Printed Name: _____

Candidate Signature: _____

Date: _____