

**Mississippi State Board of Cosmetology  
AFFIDAVIT OF INSTRUCTOR WORK EXPERIENCE**

I, \_\_\_\_\_, School Registration Number, \_\_\_\_\_  
(Owner/Director Name)

State of \_\_\_\_\_, do hereby certify that \_\_\_\_\_

was employed as a licensed instructor in my school \_\_\_\_\_  
(Name of School)

located at \_\_\_\_\_ . The above named  
(Street/City/State/Zip)

individual was in employ from \_\_\_\_\_ to \_\_\_\_\_ .  
(Date) (Date)

Signature of Affiant: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me, a Notary Public, in and for the County and state aforesaid, came

a resident of \_\_\_\_\_  
(City/County/State)

who being duly sworn says that the statements contained in the above affidavit are true.

Subscribed and sworn to, before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

NOTARY PUBLIC  
SEAL

My Commission expires: