

**COSMETIC THERAPY
FORM 1 - CERTIFICATE OF RECOMMENDATION**

This form is to be completed by a resident of the state in which you are residing. They must be sufficiently acquainted with the applicant for at least **SIX** months. Relatives may not serve as recommenders. This form must be notarized by the recommender.

DO NOT COMPLETE UNLESS A COLOR PHOTO OF APPLICANT IS ATTACHED
BLACK & WHITE PHOTOS WILL NOT BE ACCEPTED

I, _____, affirm that _____,
(recommender, print name legibly) (applicant, print name legibly)

has been known to me personally for _____ years and that he/she is of good moral character. Further, the photograph affixed hereto is a genuine likeness of the applicant.

I hereby recommend him/her for a license to practice Cosmetic Therapy in the State of Ohio.

Address of Recommender	Number & Street		Telephone Number (include area code)
	City	State	
Signature of Recommender (name stamps not accepted)			

PHOTOGRAPH

Applicant: Staple a recent passport-type size **COLOR** photo of yourself here; must have been taken within the last six months

(black & white photos will not be accepted)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Signature

Date Commission Expires

Signature of Applicant

Date Photo Taken: _____ / _____
month/year

NOTARY SEAL

**COSMETIC THERAPY
FORM 1 - CERTIFICATE OF RECOMMENDATION**

This form is to be completed by a resident of the state in which you are residing. They must be sufficiently acquainted with the applicant for at least **SIX** months. Relatives may not serve as recommenders. This form must be notarized by the recommender.

DO NOT COMPLETE UNLESS A COLOR PHOTO OF APPLICANT IS ATTACHED
BLACK & WHITE PHOTOS WILL NOT BE ACCEPTED

I, _____, affirm that _____,
(recommender, print name legibly) (applicant, print name legibly)

has been known to me personally for _____ years and that he/she is of good moral character. Further, the photograph affixed hereto is a genuine likeness of the applicant.

I hereby recommend him/her for a license to practice Cosmetic Therapy in the State of Ohio.

Address of Recommender	Number & Street			Telephone Number (include area code)	
	City	State	Zip Code		
Signature of Recommender (name stamps not accepted)					

PHOTOGRAPH

Applicant: Staple a recent passport-type size **COLOR** photo of yourself here; must have been taken within the last six months

(black & white photos will not be accepted)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public Signature

Date Commission Expires

Signature of Applicant

Date Photo Taken: _____ / _____
month/year

NOTARY SEAL