



Date

**\* The reverse side of this application must be completed \***

**Employer Information:**

\_\_\_\_\_  
Name of Salon

\_\_\_\_\_  
Salon Phone Number

\_\_\_\_\_  
Salon Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Owner/Manager's Name (Print)

\_\_\_\_\_  
Signature of Owner/Manager

\_\_\_\_\_  
Name and Manitoba Renewable Certificate Number of the certified Journeyperson who will be responsible for the student supervision



Manitoba  
Advanced Education and Training