



STUDENT APPLICATION & CERTIFICATE REQUEST FORM

Training Date: \_\_\_\_\_

Trainer Name: \_\_\_\_\_

Please print your name as you wish for it to appear on your JB Eyelash Extension Certificate:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

Apt. or Unit No.: \_\_\_\_\_

City & State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Please list all professional licenses and the corresponding license numbers:

\_\_\_\_\_

- Three checkboxes with text regarding consent, licensing requirements, and photo submission.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Thank You for Choosing JB Cosmetics!
Please FAX: 951-817-9261 or MAIL: 1709 Rimpau Ave. Unit 104, Corona, CA 92881