



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:

- You agree that you will not apply JB Cosmetics products onto the eyelashes of any person or remove any lash extensions without first having such person sign and date an official JB Cosmetics Eyelash Extension Consent Form.
- I understand that state licensing requirements for the application of eyelash extensions vary from state to state, so it is incumbent upon me to research the requirements for my state and comply with any laws and requirements concerning the application of any eyelash extension products.
- I understand I will need to submit 3 before and after photos for 3 separate clients to JB Cosmetics along with this form before certification can be released (total of 9 photos). Please check www.lashoutpro.com for accepted examples of before and after photos.

Certificate Cost: \$50.

Name on Card: _____

Billing Address (if different from above) _____

Credit Card Type: _____

Credit Card Number: _____

Expiry Date: _____ CID (3 digit no.) _____ (AX incl. 4 digits)

Print Name: _____ Signature: _____

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