

Barber & Cosmetology Inspection Report

DAS FORM 134 (REV. 10.05)

DAS File No. 05083

District No. 12

1. Name of Firm or Employer		Establishment License No.
2. Mailing Address	Street and Number	City & Zip Code
3. Training Location (if different)	Street and Number	City & Zip Code
4. DOT Job Title	DOT No.	
Cosmetologist	332.271-010	
5. Are employees in establishment covered by adequate workmen's compensation? Attach a copy of the Certificate of Workers Compensation Insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Number of journeymen employed in this occupation at this location:		
7. Number of Licensed Trainers in this occupation at this location:		
8. Number of apprentices to be employed in this occupation:		
9. Starting Wage:	Per:	
10. Under penalty of perjury, I the undersigned do verify that the above information is correct and will provide the program sponsor and the Division of Apprenticeship Standards documentation of the payment of wages to the apprentice within two weeks of the start of employment.		
_____ Employer Signature		_____ Date
Name of Apprentice: _____		