

**Changing Images  
3212 Smith St, #102  
Houston TX 77006**

**Request for Changing Images Hair Replacement class**

Please complete this form & email to [jackie@changingimages.net](mailto:jackie@changingimages.net),  
or Fax to: 713-523-3503

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

Address: \_\_\_\_\_

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

License No. & State: \_\_\_\_\_

Original Date of License: \_\_\_\_\_

How many years have you worked in this field? \_\_\_\_\_

Please state whether you are a licensed barber or licensed cosmetologist?

\_\_\_\_\_

Please list below any Continuing Education classes as they relate to your Barber /  
Cosmetology profession that you have taken within the last 5 years.

<b>Class</b>	<b>Year</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature / date: \_\_\_\_\_