



Please fill out the information below and send it to: [certification@uamcc.org](mailto:certification@uamcc.org)

**Student Information:**

Yard Barbers USA LLC	Harold Barrett	
<b>Company Name</b>	<b>Student Name</b>	
841 Halali Farm Road		
<b>Address</b>		
Evans	GA	30809
<b>City</b>	<b>State</b>	<b>ZIP</b>
706-469-2313		
<b>Telephone</b>		
yardbarberusa@gmail.com		
<b>Email</b>		

**Educator Information:**

UAMCC	Nichole Anglin	
<b>Company Name</b>	<b>Contact Name</b>	
PO Box 492		
<b>Address</b>		
Buford	GA	30518
<b>City</b>	<b>State</b>	<b>ZIP</b>
678-439-9274		
<b>Telephone</b>		
nichole@uamcc.org		
<b>Email</b>		

**Dates(s) attended:**

August 23, 2014

**Please describe the type of training provided to student:**

Safety training, business training, and surface cleaning lab.

Nichole Anglin  
By signing this you declare that the above student has successfully completed training.

George Clarke  
Verified By (UAMCC Director)