

LISA EYVETTE VELÈZ
300 TRESSER BLVD APT 6A
STAMFORD, CT 06901-3214

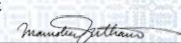
Dear Licensed Professional: This is your validated
license for the coming year. Should you have any
questions about your license, please email
opl.c.dph@ct.gov.

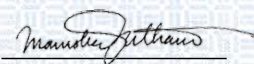
Department of Public Health
P.O. Box 340308
Hartford, CT 06134-0308
ct.gov/dph/license

Sincerely,




Manisha Juthani, MD
Commissioner

EMPLOYER'S COPY		
STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		
NAME		
LISA EYVETTE VELÈZ		
VALIDATION NO.	LICENSE NO.	CURRENT THROUGH
21218774	3137	11/30/2025
PROFESSION		
Esthetician		
ACTIVE		
SIGNATURE		 COMMISSIONER

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH	
THE INDIVIDUAL NAMED BELOW IS LICENSED BY THIS DEPARTMENT AS A	
Esthetician	
ACTIVE	
LISA EYVETTE VELÈZ	LICENSE NO. 3137
	CURRENT THROUGH 11/30/2025
	VALIDATION NO. 21218774
SIGNATURE	 COMMISSIONER

INSTRUCTIONS:

1. Detach and sign each of the cards on this form
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

WALLET CARD		
STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		
NAME		
LISA EYVETTE VELÈZ		
VALIDATION NO.	LICENSE NO.	CURRENT THROUGH
21218774	3137	11/30/2025
PROFESSION		
Esthetician		
ACTIVE		
SIGNATURE		 COMMISSIONER