

APPLICATION FOR OUT OF STATE REGISTERED BARBERS AND BARBER INSTRUCTORS

Barber		Barber Instructor	
FULL NAME			DATE OF BIRTH
EMAIL ADDRESS			1
ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	PRIMARY PHONE NO.	CELL NUMBER
BARBER SCHOOL ATTENDED		CURRENT LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP
DATE OF ENTRY IN BARBER SCHOOL	DATE OF GRADUATION FROM BARBER SCHOOL	WHAT STATE	EXPIRATION DATE
APPLICATION REQUIREMENTS			
1. Applicant MUST BE at least eight (18) years of age (INSTRUCTORS ONLY)			
2. Two (2) signed passport size photographs (no copies)			
3. Copy of Social Security Card			
4. Copy of CURRENT license or certificate			
5. Fee of \$150.00 submitted in money order or cashier's check (no cash accepted)			
6. Copy of Barber College Diploma			
7. A certified transcript of hours completed			
8. A letter from the state board or from the Barber College bearing its official seal of school			
8. Attach a copy of any disciplinary actions which has been taken or are pending against his/her record			
may ner record			
SIGNATURE OF APPLICANT		DATE	