

## **Application for Enrollment in a Barber School as a Student**

Pay & Submit Online through your Barber Portal <https://barber.nv.gov>

### **Requirements for Enrollment in a Barber School as a Student:**

***You must have a signed contract with your school to submit an application. Please only submit an application after you have been instructed to do so by your chosen barber school.***

*Please be sure to include the following in your Application Packet. Incomplete packets will not be accepted.*

- ➔ **Completed Student Application**
- ➔ **Proof of 12th Grade Completion of Equivalent**
- ➔ **One-Step TB Test or Completed Health Certificate (found on last page)**
- ➔ **2 Passport Photos (2x2)**

### **Application for Enrollment in a Barber School as a Student**

Kindly complete each and every question asked, making sure that all required notarizations are made, and any required papers and documents are included.

Upon completion of this application, pay & submit it online. The Board only accepts completed applications through their online website. If you would like to submit it in person, please submit it to the barber school you are working with. In person applications require a money order or cashiers check, only. Personal checks will not be accepted.

This board reserves the right to refuse consideration of any application which is not in order.

This application is not transferrable, and all complete applications remain the property of this Board and cannot be returned.

I hereby make application to enroll in and for admittance to an approved barber school or barbering in the State of Nevada as a student. This application is made under and pursuant to the Nevada Revised Statutes Chapter 463. Approved March 26, 1929, Amended September 15, 1983.

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR ITIN#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DO YOU HAVE A MINIMUM OF TWELFTH GRADE EDUCATION? \_\_\_\_\_

*If yes, please supply the name of the school, city, and state where the school is located and dates of attendance.*

\_\_\_\_\_

WHAT PROOF CAN YOU SUBMIT TO PROVE YOUR MINIMUM EDUCATION REQUIREMENT?

☐ High School Diploma

☐ High School Transcript

☐ GED

***You will not be issued a student barbers license unless adequate proof of twelfth grade education has been submitted to the Board of Barbers. Enclose a copy of your proof with application.***



NAME OF BARBER SCHOOL ATTENDING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

PHONE#: \_\_\_\_\_

HAVE YOU EVER ATTENDED A BARBER SCHOOL? \_\_\_\_\_

IF YES, SUPPLY THE NAME AND LOCATION OF THE BARBER SCHOOL: \_\_\_\_\_

NUMBER OF HOURS ATTENDED: \_\_\_\_\_

DO YOU HAVE A CURRENT NEVADA COSMETOLOGY LICENSE? \_\_\_\_\_

PLEASE SUPPLY THE DATE YOU PLAN TO BEGIN ATTENDANCE: \_\_\_\_\_

#### CHILD SUPPORT INFORMATION

Please mark the appropriate response (failure to mark one of the three will result in denial of the application).

\_\_\_\_ I am **NOT** subject to a court order for the support of a child.

\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_\_ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Social Security Number or ITIN#: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH  
PHOTO**



**I DO HEREBY CERTIFY AND DECLARE THAT**

I am lawfully entitled to live and work in the United States of America.

I have never been convicted of a felony.

I have no infectious, contagious, or communicable disease.

I have not practiced as a barber under another's name, trade name, or license.

I have not attempted to obtain a license to practice barbering by offering money (other than the required fee), or by offering any other thing of value, or by misrepresentation.

I am of temperate habits, and not addicted to the habitual use of morphine, barbiturates, or other habit forming drugs, nor am I a habitual drunkard.

I will not allow any other person to practice barbering under my name or license.

I will faithfully obey any and all Rules and Regulations of the Nevada State Barbers' Health & Sanitation Board in the practice of barbering.

I will display my student license in a conspicuous place adjacent to or near my work chair.

***If unable to swear to any part of the above declarations, please explain below:***

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**STATE OF \_\_\_\_\_ } ss.**

**COUNTY OF \_\_\_\_\_ } ss.**

I, \_\_\_\_\_, first being duly sworn, depose and say that I am the person making the  
(PRINT NAME) foregoing application; that I have read the same in its entirety.

**I do hereby certify and declare that the above and foregoing statements are, and each of them is true. I further acknowledge that I will comply with the rules and regulations issued by the State of Nevada regarding barbering set forth in the NRS Chapter 643, so as long as I am a student in the State of Nevada. I am aware that I can not work in a barbershop as a barber until I have passed an examination for barbering in the State of Nevada. I am aware that I will be issued a citation and may be called before the Board to answer charges if I work in a barbershop as a barber before passing an examination and having a license issued.**

Subscribed and Sworn to Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_  
(APPLICANT)

Notary Public in and for this County of \_\_\_\_\_

State of \_\_\_\_\_

**Pursuant to NRS.**

All applicants MUST complete this section. Please select ONE option.

- ☐ I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada Business license number is: \_\_\_\_\_

- ☐ I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76 and my application is pending.

- ☐ I do NOT have a Nevada business license number.

The Nevada State Barbers' Health and Sanitation Board is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at:

<https://www.nvsos.gov/sos/businesses/start-a-business>

Pursuant to AB62, all Boards and Agencies are required to gather the following information.

\_\_\_\_\_

**Veteran's Questionnaire**

1. Are you a US Veteran? *Please circle one.* YES or NO

2. What Branch of Service did you serve in? \_\_\_\_\_

3. What was your speciality job in the Military? \_\_\_\_\_

4. What dates did you serve? \_\_\_\_\_, \_\_\_\_\_  
(Starting Date) (Ending Date)



***The Board accepts and prefers a one-step TB test in lieu of the below completed form. If you submit a one-step TB test, please disregard the form below. If you are unable to submit a one-step TB test, please complete and submit the form below.***

### HEALTH CERTIFICATE FOR BARBER LICENSE RENEWAL AND EXAMINATION

My Full Name is (Print): \_\_\_\_\_  
(LAST NAME, FIRST NAME, MIDDLE NAME)

I Now Reside at (Print): \_\_\_\_\_  
(NUMBER AND STREET, CITY, COUNTY, STATE, ZIP CODE)

### PHYSICIAN'S AFFIDAVIT

I hereby certify that I have this day examined: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_ Street or Box Number: \_\_\_\_\_

City: \_\_\_\_\_, County \_\_\_\_\_, State of Nevada, and as borne out by history and examination made with indicated tests, including a chest X-Ray, and a blood test; and found him or her free from infections or contagious diseases; tuberculosis, or communicable diseases; free from the use of any kind of morphine, cocaine, or other habit forming drugs, and not a habitual drunkard.

Result of X-Ray: \_\_\_\_\_ Print Name: \_\_\_\_\_ M.D.

Result of Blood Test: \_\_\_\_\_ Signed: \_\_\_\_\_ M.D.

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

Before me, the undersigned authority, this day personally appeared \_\_\_\_\_ to me well known and who, after being by me sworn, deposes and says that \_\_he is the person examined by the above physician and that \_\_he is the person making application to the Board of Barber examiners of Nevada for a renewal or certificate of registration to practice barbering within the State and, further, that all the statements made in connection with and as part of the above medical examination, and all conditions certified to therein are true and correct in every respect.

Subscribed and Sworn to Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature \_\_\_\_\_  
(APPLICANT)

Notary Public in and for this County of \_\_\_\_\_

State of \_\_\_\_\_

***The State Board of Barber Examiners retains the right in case of controversy to appoint two physicians to examine any applicant.***