

# Application for Examination To Receive Registered Barber License Following Nevada Apprenticeship Requirements

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

| APPRENTICE REQUIREMENTS        |          |        |    |
|--------------------------------|----------|--------|----|
|                                | Received | Status | By |
| 12th Grade                     |          |        |    |
| Barber School Diploma          |          |        |    |
| Health Certificate             |          |        |    |
| Transcripts from Barber School |          |        |    |
| 2 Passport Photos (2x2)        |          |        |    |

| REGISTERED REQUIREMENTS             |          |        |    |
|-------------------------------------|----------|--------|----|
|                                     | Received | Status | By |
| 10th Grade                          |          |        |    |
| 5 Years Experience                  |          |        |    |
| Paid Up License                     |          |        |    |
| Health Certificate                  |          |        |    |
| 18 Month Employment with Affidavits |          |        |    |
| 2 Passport Photos (2x2)             |          |        |    |

## Requirements for Barber License Following Nevada Apprenticeship

*After attending school and completing your 18 month apprenticeship, now you're ready to apply for your registered barber license!*

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

- ➔ **Completed Apprentice Application**
- ➔ **18 Month Employment Proof with Affidavits**
- ➔ **One-Step TB Test or Completed Health Certificate (found on last page)**
- ➔ **2 Passport Photos (2x2)**



### **Application for Examination To Receive Barber License**

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 through your [Barber Portal](#). Alternatively, if you'd like to submit it in person directly to the Secretary of this Board, please bring your completed application and a money order or cashiers check, only.

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.

This application will be acceptable for the two examinations immediately following the date of issuance only; and failure to take an examination within this prescribed time, any payments made will be forfeit and application must be made anew. Also, any money paid on an application that has been falsified will be forfeited.

Fee will not be refunded for failure to pass an examination.

Photostats of documents will be acceptable. This application must be in the hands of the SECRETARY on or before the **15th day of the month preceding the examination.**

I hereby make application for an examination to receive a license to engage in the practice of barbering in the State of Nevada. 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: \_\_\_\_\_

WERE YOU EVER PREVIOUSLY LICENSED AS A BARBER IN THE STATE OF NEVADA? \_\_\_\_\_

IF SO, WHEN? \_\_\_\_\_



### INSTRUCTIONS FOR THIS PAGE

If you are filling this application for a Registered Barber license by virtue of claiming 18 months of full time experience as an apprentice, you must complete this page. There must be one (1) affidavit completed showing at least 18 months of full time experience as a Registered Apprentice, practiced in the State of Nevada. **The shop owner or shop manager vouching for your experience through this affidavit must complete this page with a notary. You (the applicant) cannot turn in this page notarized under your name. It must be notarized under the shop owner or shop manager's name.**

### AFFIDAVITS

The undersigned, being duly sworn, deposes and says that to his personal knowledge \_\_\_\_\_

*Applicant Name*

\_\_\_\_\_ has practiced as a full time Registered Apprentice in the specific locations, and for the periods listed below.

| Name of Shop Owner | Address | City | License Number | From (Month & Year) | To (Month & Year) |
|--------------------|---------|------|----------------|---------------------|-------------------|
|                    |         |      |                |                     |                   |
|                    |         |      |                |                     |                   |
|                    |         |      |                |                     |                   |
|                    |         |      |                |                     |                   |

1.  
Subscribed and Sworn to Before me this \_\_\_\_\_ day of

Signature \_\_\_\_\_  
(WITNESS)

\_\_\_\_\_, 20\_\_\_\_\_

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

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

2.  
Subscribed and Sworn to Before me this \_\_\_\_\_ day of

Signature \_\_\_\_\_  
(WITNESS)

\_\_\_\_\_, 20\_\_\_\_\_

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

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



**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 not been guilty of malpractice or incompetence as a Barber.  
I have not advertised by means of false or deceptive statements.  
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 have not practiced or attempted to practice as a barber by fraudulent misrepresentation.  
I am of temperature habits, and not addicted to the habitual use of morphine, barbiturates, or other habit forming drugs, nor am I a habitual drunkard.

**I FURTHER CERTIFY AND DECLARE that after I obtain a license to practice as a Registered Barber in the State of Nevada:**

I will not permit under my employ, supervision, or control, to practice as a barber or apprentice, any person who does not have a current paid up license in the State of Nevada.  
I will not allow more than one apprentice to be employed in any one shop over which I have control.  
I will not allow any other person to practice barbering under my name of license.  
I will keep any and all barbershops of which I am owner or manager open during recognized business hours, for inspection by any member of the Nevada State Barbers' Health & Sanitation Board or their duly authorized agents.  
I will post a copy of the Rules and Regulations of the Nevada State Barbers' Health & Sanitation Board in a conspicuous place in my barber shop.  
I will not use for the business of barbering any room or portion thereof, unless a substantial partition of ceiling height separates that portion from any residential or other business area.  
I will faithfully obey all requirements of law with respect to the operating of all barbershops of which I am owner or manager.  
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 license to a barber 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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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, and that all statements made therein are true 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 \_\_\_\_\_

### Report of Existence of Nevada Business License

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

- ☐ 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>

### 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)

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



***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.***