

Application To Receive Registered Barber License By Endorsement

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

Requirements for Registered Barber License by Endorsement:

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

- ➔ **Completed Application**
- ➔ **5 Years of Experience**
- ➔ **Paid Up License**
- ➔ **Proof of 10th Grade Completion or Equivalent**
- ➔ **One-Step TB Test or Completed Health Certificate (found on last page)**
- ➔ **2 Passport Photos (2x2)**
- ➔ **Fingerprint Application**
- ➔ **\$60 Money order for in person applications**



Application To Receive Registered Barber License by Endorsement

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? _____

To qualify for examination to receive a license as a Registered Barber, two (2) notarized affidavits (provided below) are required showing five (5) years experience as a Registered (journeyman or master) Barber, practiced within the last ten (10) years, sworn to by two witnesses.

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

AFFIDAVITS

The undersigned, being duly sworn, deposes and says that to his personal knowledge _____
Applicant Name
 _____ has practiced as a full time Registered Barber in the specific locations, and for the periods listed below.

1.

Subscribed and Sworn to Before me this ____ day of _____, 20____

Signature _____
 (WITNESS)

Notary Public in and for this County of _____

State of _____

2.

Subscribed and Sworn to Before me this ____ day of _____, 20____

Signature _____
 (WITNESS)

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:

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.



To Obtain a Copy of Nevada Criminal History Records (DPS-006)

The Nevada Criminal History Repository provides personal criminal history record information for the State of Nevada *only*. We cannot provide information for other states or the Federal Bureau of Investigation (FBI). In order to obtain your State of Nevada record, or proof that one does **not** exist, please follow the instructions below.

Who may request a copy of Nevada Criminal History Record Information (or proof that a record does **not** exist).

- Only the subject of the identification record can request a copy of his or her own Nevada Criminal History Record Information.

Please follow the instruction below on how to request a copy of Nevada Criminal History Record Information (or proof that a record does **not** exist).

1. Complete the Identification File Request for Nevada Records of Criminal History Form, DPS-006 (PID) on page 3. Please note, if for a couple, family, etc., all persons must obtain their own packet and complete the DPS-006 form in its entirety.
2. Obtain proof of identity via 1 fingerprint card complete with name, date of birth (DOB), place of birth (POB), sex, race, height, weight, hair color, and eye color. Fingerprints should be placed on a standard fingerprint card FD-258. Please note that the fingerprint card must contain all ten fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions) and your signature must be on the card. Fingerprints must be taken, dated, and signed by a certified fingerprinting technician. Only an original card will be accepted, please do not submit copies or previously processed cards.
3. Payment in the amount \$27.00 (US dollars), per applicant, is required. Payment can be made in the form of Money Order or Certified Check made out to the Nevada Department of Public Safety.
 - Money Orders and Certified Checks must be for the exact amount and signed where required.
 - No personal checks or cash will be accepted.
 - If for a couple, family, etc., please include \$27.00 (US dollars) for each applicant.

4. Please staple all of the items indicated in #1, #2 and #3 (listed above) together and return to the address indicated below:

☒ Department of Public Safety
Records, Communications and Compliance Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706

☐ Company Name: _____
Attention: _____
Address: _____
City, State and Zip Code: _____

NOTE *If any of the above items are missing or incomplete, the request will be returned.*

All information required unless otherwise stated.

Type or Print legibly – unreadable documents may be returned.

Please allow approximately 45 days for processing, upon receipt by the Repository.

5. What you will receive when the process is complete:
- State Negative Record Response – a letter indicating that no State of Nevada Record was found.
- or
- State Positive Record Response – a letter indicating that a State of Nevada Record was located, along with the complete content of that record.



**IDENTIFICATION FILE REQUEST FOR STATE OF NEVADA
RECORDS OF CRIMINAL HISTORY FORM (DPS-006)**

I hereby authorize the State of Nevada Criminal History Repository to disclose criminal history record information, if any, within my identification file to me or the person or entity indicated below:

Please indicate the full name, address and contact information of the individual to be searched below (to be completed by the subject of the record).

All information is REQUIRED unless otherwise stated.
Type or Print legibly. Incomplete and/or unreadable documents may be returned.

First Name: _____ Middle Name: _____

Last Name: _____

Mailing Address: _____
Street Address

City, State and Zip Code

Contact Phone #: () _____

Contact Email: _____

Signature of Subject of Record Search *Date of Birth*

Date Signed

Please ensure mailing address is valid and accurate. **Due to the confidential nature of this response, mail cannot be forwarded.**
If a change of address is needed a new DPS-006 Form will need to be submitted.

Respond to: Nevada State Barbers' Health and Sanitation Board

Mailing Address: 4710 East Flamingo Road
Street Address

Las Vegas, Nevada 89121
City, State and Zip Code

Please indicate reason for request: Licensure

To obtain a duplicate response, the request must be within 90 days from the original date processed.

*The use of this form is intended to safeguard the rights of the signatory and ensure the confidentiality of the requested information against non-authorized disclosure. The fingerprint card accompanying this request will be used to verify identity. A **\$27.00 certified check or money order** made payable to the Department of Public Safety must accompany each request.*