



### **AGREEMENT FOR BARBER SCHOOLS TO HOST EXAMINATIONS**

Name: \_\_\_\_\_

School Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Are there any months that the school is not available? \_\_\_\_\_

I have read and fully understand the Testing Facility Requirements; I agree to follow all requirements set in the document of Testing Facility Requirements. I understand if requirements are not met or have any facility related issues, this may result in losing the privilege of hosting an examination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign, date, and return to: [info@barber.nv.gov](mailto:info@barber.nv.gov)