



**Application for Examination to Receive Instructors License**

Pay & Submit Online at <https://barber.nv.gov>

Application deposit is not refundable. Kindly complete each and every question asked, making sure that all required notarizations are made, and any required papers and documents are included.

Date \_\_\_\_\_ Received by: \_\_\_\_\_ Amount \$ \_\_\_\_\_

FULL NAME (Print or Type) \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_  
(Street, Box Number, Apartment Number)

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(City, State, Zip) (Month / Day / Year)

CURRENT NEVADA BARBER LICENSE NUMBER: \_\_\_\_\_

**APPLICANT MUST FURNISH:**

1. Two notarized Affidavits or Tax Records to verify employment over the past 3 years.
2. Proof of 600 hours Instruction Training in a Licensed Barber School within 6 month period.
3. Two current 2 x 2 pictures – must be signed across the back.
4. A fee of \$100.00 must accompany completed application. This application must be in the hands of the Secretary of the Nevada State Barbers Health and Sanitation Board on or before the 15<sup>th</sup> of the month preceding the examination date.

This application will be acceptable for the two examinations immediately following the date of issuance only; and failure to take an examination within the prescribed time, any payments made will be forfeited and must be made anew.

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

This application is not transferable, and all completed applications and examination remain the property of this Board and cannot be returned.

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

Any money paid on an application that has been falsified will be forfeited.



## EMPLOYMENT RECORD

**#1**

NAME OF SHOP \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWNER \_\_\_\_\_

DATES OF EMPLOYMENT (month & year to month & year) \_\_\_\_\_

**#2**

NAME OF SHOP \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWNER \_\_\_\_\_

DATES OF EMPLOYMENT (month & year to month & year) \_\_\_\_\_

**#3**

NAME OF SHOP \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWNER \_\_\_\_\_

DATES OF EMPLOYMENT (month & year to month & year) \_\_\_\_\_

***I SWEAR THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND I WILL ABIDE BY ALL LAWS PERTAINING TO THE INSTRUCTION OF BARBERING IN NEVADA. (Chapter 643 of the Nevada Revised Statutes)***

\_\_\_\_\_, first duly sworn, deposes and says that \_he is the person making the foregoing application; That \_he has read the same in its entirety and knows the contents thereof and that all the statements made herein are true in every respect.

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

Signature \_\_\_\_\_

(APPLICANT)

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

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

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

**To qualify for an examination to receive a license as an Instructor, two (2) notarized affidavits (provided below) are required showing three (3) 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 Apprentice 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 \_\_\_\_\_