



Apprentice Barber Registration Certificate Request

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

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

CELL PHONE#: _____ EMAIL: _____

STREET ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

I am employed, or expect to be employed at the following barbershop:

Signature: _____ Date: _____

Please submit and pay \$60.00 online at <https://barber.nv.gov>

Or you may return this form with a Cashiers Check or Money Order ONLY to:

Nevada State Barber's Health and Sanitation Board
4710 E. Flamingo
Las Vegas, Nevada 89121



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: _____