

Barber Instructor License Application

Personal Information

Full Name:

Date of Birth:

Mailing Address:

Phone Number:

Email Address:

License Information

Current Barber License Number:

License Expiration Date:

Education and Experience

Barber School Attended:

Years of Barber Experience:

Declarations

Have you ever been convicted of a felony?

☐ Yes

Have you ever had any professional license suspended or revoked?

☐ Yes

Submit Application