

AFFIDAVIT OF STATE IN WHICH BARBER LICENSE WAS ISSUED

APPLICANT COMPLETE:

FULL NAME _____ MAIDEN NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ DATE OF BIRTH _____ SOCIAL SECURITY _____

THE FOLLOWING MUST BE COMPLETED BY THE BARBER BOARD WHERE YOU WERE ORIGINALLY LICENSED:

PRIOR EDUCATIONAL EXPERIENCES: ELEMENTARY _____ HIGH SCHOOL DIPLOMA _____ GED _____
NAME OF BARBER SCHOOL ATTENDED _____
ADDRESS OF BARBER SCHOOL _____
DATE ENROLLED _____ DATE COMPLETED _____ NO. HOURS COMPLETED _____

APPLICANT WAS EXAMINED IN THE PRACTICAL EXAMINATION ON THE FOLLOWING SUBJECTS:

Sanitation _____	Haircut – Long style _____	Haircut – Taper _____
Shampoo _____	Shave _____	Hair rolling _____
Scientific Facial _____	_____	_____

APPLICANT RECEIVED LICENSE BY:

EXAMINATION _____	ENDORSEMENT _____	ON THE JOB TRAINING _____
WRITTEN _____	RECIPROCITY _____	
PRACTICAL _____	GRANDFATHER CLAUSE _____	

IF APPLICABLE: WRITTEN GRADE _____ PRACTICAL GRADE _____ GENERAL GRADE _____

DID APPLICANT PASS NATIONAL WRITTEN EXAMINATION? YES _____ NO _____

ORIGINAL, PERMANENT LICENSE NUMBER ISSUED _____ TYPE OF LICENSE _____

DATE ORIGINAL LICENSE ISSUED _____ DATE CURRENT LICENSE EXPIRES _____

HAS APPLICANT'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____

HOW MANY BARBER SCHOOL HOURS ARE REQUIRED IN YOUR STATE TO GET A LICENSE _____

DO YOU ACCEPT APPLICATIONS FROM OUT OF STATE AND ISSUE A LICENSE WITHOUT AN EXAMINATION?

NEBRASKA: YES, IF WE HAVE RECIPROCITY WITH YOUR STATE OR IF THE BARBER MEETS NEBRASKA LICENSING CREDENTIAL REQUIREMENTS.

WHAT ARE THE SPECIFIC REQUIREMENTS? _____

COMMENTS AND OTHER PERTINENT INFORMATION _____

NAME OF BOARD _____
CERTIFIED BY _____
TITLE _____ DATE _____

(SEAL)