

STATE of NEBRASKA
 Board of Barber Examiners
 Executive Building, Box 94723
 Lincoln, Nebraska 68509
 (402) 471-2051 barbers.board@nebraska.gov

Application for Barber Examination by Expired Nebraska Licensee
Application must be submitted to the board office 15 days prior to examination.

The following must accompany this application:

- (A) Submit \$190.00 fee for examination and to activate your license through June 30th of each even number year.
- (B) Two portrait type photographs at least passport size, but not to exceed 3"x5", signed by the applicant, showing a sufficient portion of the applicant's face to permit identification.
- (C) Request for examination accommodation or alternative examination formats will be honored when accompanied by verification of need for accommodations from a recognized service provider knowledgeable about the disability. Time and location to be determined by the Board.
- (D) Copy of Birth Certificate. Copy enclosed Copy previously submitted
- (E) Copy of high school diploma or its equivalent. Copy enclosed Copy previously submitted

Note: Please read entire form carefully, incomplete information will result in delay.

Please print or type:

1. _____
 First Name Middle Name (No Initials) Last Name Maiden Name

2. _____
 Address City State Zip

3. _____ (_____) _____
 Date of Birth Phone # Social Security Number

4. _____
 Barber School Attended City State Zip

- 5. Are you suffering from any infectious or contagious disease? Yes No If yes, provide Medical Report.
- 6. Have you been convicted of a felony? Yes No If yes, please submit a Criminal History Report from the state(s), territory, or country in which you were convicted.
- 7. **United States Citizenship Attestation** - For the purpose of complying with Neb.Rev.Stat. §§4-108 through 4-114, I attest as follows:

___ I am a citizen of the United States.

OR

___ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____ and I agree to provide a copy of my USCIS documentation upon request.

- I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.
- I declare, under penalty of perjury under the laws of the State of Nebraska, that the foregoing information is true.

STATE OF _____)
 COUNTY OF _____)

SEAL

 APPLICANT'S SIGNATURE (Must be witnessed by a Notary Public) DATE

 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

 NOTARY PUBLIC

FOR OFFICE USE ONLY

ATTACH PHOTO HERE

LICENSE NUMBER _____

NAME _____

ADDRESS _____

FILING DATE _____

APPROVED _____ DISAPPROVED _____

DIRECTOR

PRESIDENT

VICE PRESIDENT

MEMBER

EXAMINATION DATE _____

LICENSE ISSUANCE DATE _____

PRACTICAL SCORE _____

WRITTEN SCORE _____

Portrait type photograph at least passport size, not to exceed 3"x5", showing a sufficient portion of the applicant's face to permit identification.