



NEBRASKA BOARD OF BARBER EXAMINERS

barbers.board@nebraska.gov website: www.barbers.nebraska.gov

Office Location: Executive Building, 521 South 14th Street, Lincoln, Nebraska 68508

Mailing Address: P.O. Box 94723, Lincoln, Nebraska 68509

(402) 471-2051 Fax (402) 471-2052



Barber Instructor Application for Licensure by Credentials in State of Nebraska

Please read entire application carefully and submit all evidence possible to verify/support your eligibility for licensure as a barber instructor by your credentials.

Please print or type:

Form with fields for First Name, Middle Name, Last Name, Maiden Name, Social Security Number, Address, City, State, Zip, Email, Phone #, Cell Phone # or Alt. #, Date of Birth.

- 1. Copy of Birth Certificate.
2. Copy of High School Diploma, GED, or Equivalent Education.
3. Copy of Barber School Diploma.
4. Copy of Barber License and Instructor License issued by the state, territory, or country of which you were/are licensed.
5. Certification from your original licensing state, territory, or country.
6. Certification from your current licensing state, territory, or country if different from (5).
7. Did applicant pass NIC National Instructor Examination? [ ] Yes [ ] No If yes, provide proof of score.
8. Affidavit of Employment from previous and current employers stating the amount of time the applicant actively practiced as a licensed barber instructor.
9. Are you suffering from any infectious or contagious diseases? [ ] Yes [ ] No If yes, provide Medical Report.
10. 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. Agency must send report directly to The Board of Barber Examiners.
11. Two signed portrait pictures at least passport size, but not to exceed 3" x 5", showing a sufficient portion of applicant's face.
12. For the purpose of complying with Neb.Rev.Stat. §§4-108 through 4-114, I attest as follows:
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.
By signing this application, I hereby swear that I have read the Nebraska Sanitary and Safety Rules regulating barber shops and barber schools. I will obey these rules as well as all other Nebraska Statutes, Rules and Regulations.
13. Fee of \$235.00 for Licensure by Credentials. After review of the application and related documents if approved, individual will be entitled to practice as an instructor of barbering in the State of Nebraska through the current renewal period ending on June 30th, of each even numbered year.

PLEASE NOTE: To allow the board adequate time to review documents and to determine eligibility, we request that the required documents and fees are submitted to our office sixty days in advance of licensing determination. The applicant will be notified ten days after the board's ruling.

STATE OF COUNTY OF SEAL APPLICANT'S SIGNATURE (Must be witness by Notary Public) DATE SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF, 20

NOTARY PUBLIC

OFFICE USE ONLY: APPROVED DISAPPROVED FILING DATE DIRECTOR RECEIPT NUMBER PRESIDENT LICENSE NUMBER VICE PRESIDENT ISSUANCE DATE MEMBER

FOR OFFICE USE ONLY:

LICENSE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

LICENSED AS A BARBER INSTRUCTOR DUE TO:

\_\_\_\_\_ CREDENTIALS \_\_\_\_\_

DATE LICENSED \_\_\_\_\_

REVIEWED AND APPROVED:

\_\_\_\_\_ PRESIDENT

\_\_\_\_\_ VICE PRESIDENT

\_\_\_\_\_ MEMBER

\_\_\_\_\_ DIRECTOR