

NEBRASKA BOARD OF BARBER EXAMINERS

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

Office Location: 1220 Lincoln Mall Ste. 100, Lincoln, Nebraska 68508

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

(402) 471-2051 Fax (402) 328-6231



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.

7/26/2019

First Name	Middle Name (No Initials)	Last Name	Maiden Name	Social Security Number								
Address	City	State	Zip	Email								
Phone #	(Δ1t #	Date of Birth									
	Copy of Birth Certificate.	7110. 11	Bute of Birth									
		or Equivalent E	ducation									
	 Copy of High School Diploma, GED, or Equivalent Education. Copy of Barber School Diploma. 											
	Copy of Barber School Diploma. Copy of Barber License and Instructor	or License issued	by the state territory or country	ry of which you were/are licensed								
	Certification from your original lices			y of which you were are needsed.								
				(5)								
				f time the applicant actively practiced as								
	a licensed barber instructor.	ous and current e	imployers stating the amount o	time the applicant actively practiced as								
		s or contogious d	isaasas? [] Vas [] No. If	Type provide Medical Deport								
9. A	Are you suffering from any infectiou	s of contagious u	No. If was places submit a C	Yes, provide inedical Report.								
	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.											
				a sufficient portion of applicant's face.								
	For the purpose of complying with N		,									
	I am a citizen of the United State		100 through 4 114, 1 attest as i	onows.								
	OR	23.										
	I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as											
f	follows: and I agree to provide a copy of my USCIS documentation upon request.											
				elated application for public benefits are								
				ify my lawful presence in the United Stat								
	declare, under penalty of perjury un											
	1 1 1			1 Safety Rules regulating barber shops								
	and barber schools. I will obey these											
	Fee (see attached fee schedule) for L											
	approved, individual will be entitled renewal period ending on June 30th, or			ate of Neoraska tillough the current								
1	enewar period ending on June 30°, o	oi each even num	beled year.									
PLEASE :	NOTE: To allow the board adequate t	time to review doc	ruments and to determine eligibil	ity, we request that the required								
		ixty days in advan	ce of licensing determination. The	ne applicant will be notified ten days after								
the board's	s ruling.											
CT ATE O			A DDI ICANIEIG GIONIA EUDE	DATE								
STATE O	DF)		APPLICANT'S SIGNATURE	(Must be witness by Notary Public) DATE								
COLINITY	/ OF)		CUDCCDIDED AND CWODN	TO DEEODE ME TILIS								
COUNTI	OF		SUBSCRIBED AND SWORN	TO BEFORE ME THIS								
			DAY OF	, 20								
SEAL												
الدواه مله مله مله مله مله مله	ان ان داد داد داد داد داد داد داد داد دا		NOTARY PUBLIC	المناف ال								
		· · · · · · · · · · · · · · · · · · ·		**************************************								
OFFICE U	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

Reciprocity and Credentialing with Application

Reciprocity/Credential	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$195.00	\$195.00	\$195.00	\$195.00	\$195.00	\$195.00	\$245.00	\$245.00	\$245.00	\$245.00	\$245.00	\$245.00
Odd Numbered Year	\$245.00	\$245.00	\$245.00	\$245.00	\$245.00	\$245.00	\$195.00	\$195.00	\$195.00	\$195.00	\$195.00	\$195.00

Locate the Year and Month of Instructor License Application on the FEE SCHEDULE to determine the proper fee due.

Make Payable to: Nebraska Board of Barber Examiners

If you have questions, please contact our office. Contact information is listed at the top of page one.

Note: Barber Instructor licenses expire each June 30 of even numbered years.