

Do not write in this space.

File No. _____

Grade: Written _____
Practical _____

ARKANSAS STATE BOARD OF BARBER EXAMINERS

License # _____

501 Woodlane Ave., Suite 212N
Little Rock, AR 72201-1025
501-682-4035

Issued _____

APPLICATION FOR CERTIFICATE OF REGISTRATION BY RECIPROCITY

A barber applying for an Arkansas license from a state that reciprocates with Arkansas is required to pay an application fee of \$150.00 to the State Board of Barber Examiners to qualify for a license in this state.

Please indicate which application is being made for licensure in the State of Arkansas:

BARBERor**TEACHER MANAGER INSTRUCTOR (TMI)**
(A current barber license is a requirement to have a TMI license.)

Reciprocity applicants must contact their licensing authority for a certificate of training to be sent to us.

Application must be accompanied by two identical passport photos taken within the last three months. Both photographs must have your name on the back.

To The Secretary of the Board of Barber Examiners, State of Arkansas:

I hereby make application for examination to receive a Certificate of Registration authorizing me to practice as a barber in the State of Arkansas. As proof of my qualifications for registration, I hereby submit the following for consideration to the Board of Barber Examiners, under and pursuant to the provisions of the Arkansas Barber Law §17-20-101 et seq.

STATEMENT OF FACTS

Full name _____ (attach a copy of your drivers license)

Address: Street and Number _____

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Phone No. (____) _____ Sex ____ Race _____

Are you a citizen of the United States? _____ Social Security No. _____ (attach a copy of your card)

1. Do you understand that your examination fee will be forfeited in the event any statement made by you in your application is found to be incorrect? _____
2. Have you ever been convicted of a felony? _____
3. You must submit proof of education showing completion of grade eight (8) or a certification of equivalency for a barber license and grade twelve (12) for teacher manager instructor (TMI).
4. Name of Barber School attended _____
5. Street _____ City _____ State _____
6. Total Hours Completed _____
7. You must submit your current barber license or certificate for verification. It will be returned to you.
8. You must have worked as a licensed barber for one (1) year before training as a teacher manager instructor (TMI).

Indicate below, covering a period of three years, your barbering experience.

NAME OF EMPLOYER	CITY OR TOWN	EMPLOYED	
		YRS.	MOS.

DECLARATION

I DO HEREBY CERTIFY AND DECLARE that I **have / have never** been convicted of a felony; that I have not been guilty of malpractice or incompetency either as an apprentice barber or barber; that to my knowledge I have no infectious or contagious diseases, tuberculosis or communicable diseases; that to my knowledge I have not advertised by means of knowingly making false or deceptive statements as a barber; that I have not advertised, practiced or attempted to practice under another's trade name or another's name as a barber; that I am of good moral character and temperate habits, and not a habitual drunkard, and free from the use of any kind of morphine, cocaine or other habit forming drug; that I have not practiced by fraudulent representation as a barber; that I have not attempted to obtain the permit to practice as a barber, to be issued hereunder, for any money other than the required fee or any other thing of value or by fraudulent representation; that only, if and when, I have obtained a certificate of registration as a registered barber will I personally manage or operate any barbershop or establishment or supervise or control the work of any barber; that if and when I obtain a certificate of registration as a registered barber will I keep any and all barbershops and establishments, of which I am owner, manager, or operator, open during business hours to inspection by any member of the Board of Barber Examiners, the State Board of Health, or their duly authorized agents, and that I will post a copy of all regulations and sanitary requirements duly adopted by the State Board of Health and furnished to me, in a conspicuous place therein, and that I will not use for residential or business purposes any room or place for barbering, of which I am owner, manager or operator. Neither will I permit any person to sleep in any room used wholly or in part as such a shop or parlor.

Signature of applicant _____

THE STATE OF _____

County of _____

Country _____

Before me, the undersigned authority, this day personally appeared _____.

To me well known, and who, after being duly sworn, and deposes and that he/she is the person making the foregoing application, that he/she has read the same in its entirety and that all the statements are true and correct in every respect.

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, A.D. 20_____

Notary Public in and for the County
of _____, State of _____.

(SEAL)

My commission expires _____, 20__