

Do not write in this space.

File No. \_\_\_\_\_

Grade: Written \_\_\_\_\_

Practical \_\_\_\_\_



Do not write in this space.

License No. \_\_\_\_\_

Issued: \_\_\_\_\_

**ARKANSAS  
STATE BOARD OF BARBER EXAMINERS**

900 W. Capitol., Suite 400  
Little Rock, AR 72201  
501-682-4035

**APPLICATION FOR FOREIGN RECIPROCITY BY EXAMINATION**

A person applying for reciprocity from a foreign country is required to pass a written and practical examination administered by the State Board of Barber Examiners to qualify for a license in this state.

All documents submitted for the purpose of complying with the requirements for examination shall be original copies and translated in the English language. The application must be accompanied with a \$150.00 money order for the reciprocity fee and a \$75.00 money order for the examination fee. Two (2) separate money orders are to be submitted.

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

**You must contact your licensing authority for a certificate of training to be sent to us.**

**To The Director of the Board of Barber Examiners, State of Arkansas:**

**STATEMENT OF FACTS**

Full name \_\_\_\_\_  
(attach a copy of your driver's license)

Address: Street and Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_

Email: \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Under Ark. Code Ann. 17-5-104, an applicant may request a fee waiver for an initial barber license if they meet one or more of the requirements below: (check appropriate boxes)**

- Receives assistance through the Arkansas Medicaid Program (provide copy of current enrollment)
- Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Program for Women, Infants and Children (WIC) (provide proof of enrollment)
- Temporary Assistance for Needy Families Program (TANF) or the Lifeline Assistance Program (provide proof of enrollment)
- Approved for unemployment in the last twelve (12) months (provide proof of benefits from the Dept. of Workforce Services)
- Has an income that does not exceed two hundred percent (200%) of the Federal poverty limit (provide tax return for previous year)

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?** \_\_\_\_\_ If so, you must submit the following:
- a. Copy of the Commitment and Judgment order or Judgment and Disposition Order. If more than one felony, you will need the commitment and judgment order on each felony.
  - b. Copy of the Conditions of Release
  - c. A copy of the Police Summary/Narrative or Police Synopsis

3. **You must submit proof of education showing completion of grade eight (8) or a certification of equivalency (GED) 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.**

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 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 or their duly authorized agents, and that I will post a copy of my license and all regulations and sanitary requirements duly adopted by the Board 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\_\_

