



APPLICATION FOR LICENSE RENEWAL

NORTH DAKOTA BARBER BOARD OF EXAMINERS

**** NO PAYMENT WILL BE ACCEPTED WITHOUT A COMPLETE APPLICATION****

\$20 PENALTY PER LICENSE IF RENEWED AFTER AUGUST 1ST OF EACH YEAR

YEAR RENEWING FOR

LICENSEE INFORMATION

NAME	NAME CHANGE <input type="checkbox"/> NO <input type="checkbox"/> YES	If yes, Indicate Previous Name	
MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	PHONE NUMBER		
SOCIAL SECURITY NUMBER	LICENSE NUMBER		
PLACE OF EMPLOYMENT	SHOP NUMBER		

INDIVIDUAL LICENSE TYPE AND FEE (CHECK ALL THAT APPLY)

<input type="checkbox"/> MASTER BARBER \$100.00	<input type="checkbox"/> EXPIRED SHOP LICENSE \$70.00	<input type="checkbox"/> INSTRUCTOR LICENSE \$25.00
<input type="checkbox"/> SHOP LICENSE \$50.00	<input type="checkbox"/> RECIPROCITY APP \$175.00	<input type="checkbox"/> SCHOOL LICENSE \$125.00
<input type="checkbox"/> EXPIRED MASTER BARBER \$120.00	<input type="checkbox"/> MASTER BARBER/ INSTRUCTOR EXAM \$100.00	<input type="checkbox"/> NEW BARBERSHOP/ RELOCATION \$100.00
		<input type="checkbox"/> DUPLICATE LICENSE \$10.00

SHOP INFORMATION (ONLY COMPLETE IF SHOP OWNER)

NAME OF SHOP	CONTACT PERSON		
OWNER NAME	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE

FOR INSTRUCTORS (CHECK CURRENT SCHOOL INSTRUCTING AT)

Moler Barber College
 Skill Cutz Barber College
 Dakota Barber Academy

Currently not teaching

I HEREBY ATTEST THAT THE INFORMATION STATED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE	DATE
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SUBMIT APPLICATION/ FEE TO:

ND BARBER BOARD
1325 DEMERS AVE
GRAND FORKS, ND 58201

QUESTIONS:

EMAIL: secretary@ndbarberboard.com
CALL: (701) 610-1048

PRIVACY ACT STATEMENT: THE DISCLOSURE OF THE INDIVIDUAL'S SOCIAL SECURITY NUMBER ON THE FORM IS MANDATORY PURSUANT TO NORTH DAKOTA CENTURY CODE 43-50-02. SOCIAL SECURITY NUMBER IS USED FOR IDENTIFICATION AND VERIFICATION PURPOSES. NOT PROVIDING THE SOCIAL SECURITY NUMBER WILL CAUSE THE APPLICATION TO NOT BE PROCESSED.