

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 and verified to be real documents. Submit documents to Aequo International for this service. You can email your documents to the Nashville Tennessee office or upload as a legible scan. Aequo will notify via email when it's received and processed. Aequo contact information is as follows:

Phone number: 1-844-882-3786

Email: info2aequointernational.com

Website: <http://aequointernational.com>

Required documents are:

1. You must submit proof of education showing completion of the 12th grade or a certification of equivalency.
2. Graduation certificate from a Barber College.
3. Current unexpired Barber License
4. Passport photo taken within three months and must have your name printed on the back.
5. A copy of your driver's license, passport or any identification linking your name to your face.
6. You must contact your licensing authority for certification of training and total hours completed.
7. A United States, licensed Physicians certificate verifying that he/she finds you in good health.

Send documents #1, #2, #3 and #6 to Aequo International for translation and verification.

Send documents #4, #5 and #7 and the signed and notarized STATEMENT OF FACTS to:

North Dakota State Board of Barber Examiners
P.O. Box 1802
Minot, ND 58702

STATEMENT OF FACTS

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Age _____ Birthdate _____ Phone No. _____ Sex _____

Are you a citizen of the United States? _____

Do you understand your examination fee will be forfeited in the event any statement made by you is found to be incorrect or if you are a no show or fail any portion of the examination? _____

Signature of Applicant _____

DO NOT WRITE BELOW THIS UNITIL AT A NOTARY PUBLIC

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 statement of facts.

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Public _____

County _____

My Commission Expires _____

(SEAL)