

APPLICATION FOR INSTRUCTOR EXAM

First name _____ Middle initial _____ Last name _____

Address _____

City _____ State _____ Zip _____

Phone number _____

Name of Barber College attended _____

Where _____

Graduation Date _____

Have you been Barbering fulltime for a period of at least 5 years? _____

How do you plan to use the Instructors license? _____

*Use the back side of this Application if you need additional space to write.

Return this Application along with a copy of your current Barber license and Barber school graduation certificate to the address below.

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

For office use only

Approved _____ Denied _____ Exam _____ Date _____