

# **Application for Permit as Student in Barber School**

start date

I, \_\_\_\_\_, being sworn say: That I am a Resident of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.

Address \_\_\_\_\_ or PO Box \_\_\_\_\_

Zip Code \_\_\_\_\_ and I am \_\_\_\_\_ years of age.

That I was born in \_\_\_\_\_.

That I have completed at least four years of High School education or equivalent and I herewith tender to the Board a certificate or statement to the effect, or I have satisfactorily passed an examination for the purpose of determining that my educational qualifications are equivalent to four years of high school education, and I hereby tender to the Board proof of passing such examination.

**High School** \_\_\_\_\_

**College** \_\_\_\_\_

**Military Status** \_\_\_\_\_

Affiant in connection with this application hereby tenders to the Board a photograph of him/her, bearing him/her signature.

I hereby request that the North Dakota State Board of Barber Examiners issue to me a permit to enter the Barber College \_\_\_\_\_

located in \_\_\_\_\_, as a student for the purpose of qualifying as a Barber.

**Applicants signature** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_.

**Notary Public** \_\_\_\_\_

**My Commission expires** \_\_\_\_\_

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## **PHYSICIANS CERTIFICATE**

The undersigned, a practicing physician, licensed as such under state law, hereby certifies that he/she has examined \_\_\_\_\_, the foregoing applicant and finds him/her in good health.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_