

BARBER TRAINING	Name of Barber School or Shop for training	Location of School or Shop (City / Prov)	Date(s) Attended		Hours Completed
	Barber Shop or School		From	To	
					hrs
					hrs
					hrs

Answer the following only if applicable to you :

LICENSES HELD	Name of Jurisdiction of previous license	Method of Licensure Circle only one	Type of License Held	Date of License / Permis (mm/ya)	
		Exam / Reciprocity		From/De	To/A
		Exam / Reciprocity			
		Exam / Reciprocity			
		Exam / Reciprocity			

AFFIDAVIT OF APPLICANT - DÉCLARATION SOUS SERMENT DE DEMANDEUR

CERTIFICATION AND CONSENT OF APPLICATION	<p>I hereby certify that the statements, answers and representations made in this application and in any documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license. I further certify that I have read and will abide by the provisions of the Registered Barbers' Act.</p> <p>..... Dated</p> <p>..... Applicant Signature</p> <p style="text-align: center;">CONSENT TO DISCLOSE INFORMATION</p> <p>CONSENT TO DISCLOSE INFORMATION: I authorize any person, agency of government, professional association or any other organization that may have information that can verify the statements made in this application or any other document made in support of this application regarding, education and training as a barber or hairdresser to release such information upon request and presentation of this consent, even if the form is a copy and not an original. By this consent I further state that I will hold harmless any person, firm, agency of government, professional association for any information supplied.</p> <p>..... Dated</p> <p>..... Applicant Signature</p>
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BOARD OF BARBER EXAMINERS OFFICIAL RECEIPT	
Receipt Number	Received From
Receipt Date	In payment for <i>License Registrations Fees</i>
Cash Report SJ-NSRBA-20 _____ -RBA- _____ NARB-21000-000- _____	Amount Received
Registration Number	Balance due