

NOVA SCOTIA REGISTERED BARBERS ASSOCIATION

PO Box 415, Superstore Mall, Lower Sackville NS, B4C2T2 Phone 902-830-7499
Under the *Registered Barbers Act 1989*

APPLICATION FOR APPRENTICE BARBER CERTIFICATE

Fees Required: Registration \$25.00, License \$42.00 **Total Fees \$67.00**

Make cheque or money order payable to: NSRBA or Nova Scotia Registered Barbers Association

License # AB

Issue Date:

Previous License held #

Name:

Date of birth:

Phone:

Email:

Current address:

City:

Province:

Postal Code:

PLEASE ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE ONE THAT APPLIES

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you a citizen or legal resident of Canada? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you held a license in barbering or cosmetology in any jurisdiction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you applied for a license previously and been denied or let your license lapse? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

IF YOU'VE ANSWERED YES TO QUESTIONS 2 OR 3 ABOVE, PLEASE PROVIDE DETAILS BELOW

EDUCATION

Name of school/university:

Address:

Dates attended: From:

To:

Diploma:

Name of school/university:

Address:

Dates attended, From:

To:

Diploma:

BARBER SCHOOL INFORMATION

Name of school:

School address:

Course:

Phone:

E-mail:

Hours:

City:

Province:

Area Code:

INFORMATION ON BARBERSHOP FOR APPRENTICESHIP

Name of Barbershop:

Address:

Phone:

E-mail:

City:

Province:

Area Code:

Name of Barber:

APPLICATION INFORMATION CONTINUED

NSRBA requires a written and signed letter from the registered barber that is agreeing to apprentice you. The letter needs to have their registration number, which shop they are doing the apprenticeship in, who they are doing the apprenticeship for and that they will sign off on hours and theory completed.

I have read and understand that I must follow the rules and regulations of the Board. I further understand that the apprenticeship program is designed for education where the registered or master barber is the instructor, and the apprentice is the student. I understand that theory work from the textbook must be taught, demonstrations must be provided, and hands-on experience must be performed as part of the apprenticeship program.

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Textbook to be used:		Publication date:
Has apprentice had any previous hours of apprenticeship:	Yes <input style="width: 30px; height: 20px;" type="checkbox"/> NO <input style="width: 30px; height: 20px;" type="checkbox"/>	If yes, how many hours:
Relationship:		
DOCUMENTS TO INCLUDE		
Government issued photo ID, showing date of birth and signature.		
Copy of high school diploma, GED, ABT test results.		
Any other transcripts from educational institutions.		
Copy of official document for any change of name if different from name at birth.		
AFFIDAVIT OF APPLICANT		
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 .		
Date Applicant Signature.....		
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 citizenship, 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.		
Date..... Applicant Signature.....		
OFFICE USE ONLY		
Board of Barber examiners official receipt		Received from:
Receipt number:		In payment for license registration fees
Receipt date:		Amount received:
Registration Number:		Balance due:
Approved by:	Initials:	Date:
OFFICE USE ONLY		
Hours to be completed:		Start Date:
Apprenticeship Officer Assigned:		
Additional Comments:		