



# APPLICATION FOR EXAMINATION FOR BARBER INSTRUCTOR REGISTRATION

State Form 45303 (R8 / 6-13)

Approved by State Board of Accounts, 2013

## STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Telephone: (317) 234-3031

E-mail: pla12@pla.IN.gov

- INSTRUCTIONS:**
1. Please type or print legibly.
  2. Include a photograph of yourself.
  3. Include your examination fee (call or visit our website for current fees).

\* Your Social Security number is being requested by this state agency in accordance with I.C. 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

### FOR OFFICE USE ONLY

Application fee	Receipt number	Date fee paid (month, day, year)	License number issued	Date license issued (month, day, year)
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### DO NOT WRITE ABOVE THIS LINE

### APPLICANT INFORMATION

Name of applicant	Social Security number *		
Address (number and street, city, state, and ZIP code)			
Telephone number (      )	E-mail address	Barber license number	

### EDUCATIONAL PREREQUISITES

Please check one <input type="checkbox"/> High school graduate <input type="checkbox"/> High school equivalency certificate (GED)	Date of graduation or GED certificate (month, day, year):
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### INSTRUCTOR TRAINING

Have you completed the instructor education? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of enrollment (month, day, year)	Date of graduation (month, day, year)
Name of school	School license number	
Location of school (number and street, city, state, and ZIP code)		

### DISCLOSURE OF CONVICTION RECORD

Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,

- (1) have you ever been arrested;
- (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;
- (3) have you ever been convicted of any offense, misdemeanor, or felony in any state;
- (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or
- (5) have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state?

Yes       No

If you have been convicted of a crime, please include a written explanation and copies of court documents.

### VERIFICATION AND SIGNATURE

I do hereby certify and declare that I will abide by and obey all provisions of the law and rules adopted by the board. I hereby certify that I completed this application and that the answers appearing herein are true and correct to the best of my knowledge and belief.

Signature of applicant	Date (month, day, year)
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**CERTIFICATE OF TRAINING - THIS SECTION TO BE COMPLETED BY THE BARBER SCHOOL ON BEHALF OF THE EXAMINATION APPLICANT**

I hereby certify that \_\_\_\_\_ has completed nine hundred (900) hours of instructor training and has graduated from the \_\_\_\_\_ School of Barbering.

*(name of applicant)*

*(name of school)*

Date enrolled ( <i>month, day, year</i> )	Date graduated ( <i>month, day, year</i> )	Did this student transfer from another barber school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Written exam grade		Practical exam grade
Signature of school director / instructor	Printed name of school director / instructor	Date ( <i>month, day, year</i> )

**NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS

I \_\_\_\_\_, having been duly sworn on oath, say that I am the above named school director / instructor, that I have personally prepared the foregoing certificate of training, and that the same is true to the best of my knowledge and belief.

*(name of school director / instructor)*

Signature of school director / instructor	Printed name of school director / instructor	Date subscribed and sworn to Notary Public ( <i>month, day, year</i> )
Signature of Notary Public	Printed name of Notary Public	Date commission expires ( <i>month, day, year</i> )