



APPLICATION FOR BARBER PROFESSIONAL TEMPORARY PERMIT

State Form 51772 (R / 7-08)

**STATE BOARD OF BARBER EXAMINERS
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3031
www.pla.IN.gov

- INSTRUCTIONS:**
1. Complete section A of this application.
 2. Supervising licensee completes sections B and C of the application.
 3. Incomplete applications will not be considered.

Temporary permits will not be issued to practice in a shop that is practicing on a temporary permit.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it. Social Security numbers are available to the Indiana Department of Revenue.

APPLICATION INFORMATION

Type of permit for which you are applying (*check one*)

Barber Instructor

Name of applicant

Social Security number *

Address (*number and street, city, state, and ZIP code*)

SUPERVISOR INFORMATION

Name of supervising licensee

License number

Name of shop / school

License number of shop / school

Address of shop / school (*number and street, city, state, and ZIP code*)

CERTIFICATION

I hereby certify that the above named applicant will be working in the above named shop/school under my supervision.

Signature of supervising licensee

Date (*month, day, year*)