

## APPLICATION FOR PERMIT AS A STUDENT IN BARBER COLLEGE

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 the 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 Moler Barber College of Hairstyling in Fargo, ND as a student for the purpose of qualifying as a Barber.

Applicant sign full name here \_\_\_\_\_.

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 or her in good health.

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