

Application for Permit as Student in Barber School

start date

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 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 Barber College _____

located in _____, as a student for the purpose of qualifying as a Barber.

Applicants signature _____

Subscribed and sworn to before me this _____ **day of** _____ **20** _____.

Notary Public _____

My Commission expires _____

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/her in good health.

Date _____ **Signature** _____