

Nebraska Board of Barber Examiners
PO BOX 94723
Lincoln, NE 68509-4723
402-471-2051 email: barbers.board@nebraska.gov

Please complete the form below and send to our office or email this information to the office.

PERSONAL CHANGE OF ADDRESS FORM

***To update the address of a barber shop please complete the Application Barber Shop Change of Location.*

Name _____
First Middle Last Maiden

Barber License Number _____

If you have additional, licenses please indicate.

Last four digits of your Social Security Number _____

*Provide only if you are unable to provide your barber license number.

Old Address _____
Street City State Zip

New Address _____
Street City State Zip

Cell Phone Number _____

Additional Phone Number or Numbers _____

Any Additional Information you wish to communicate to our office:

Signature _____ Date _____