

State of Nebraska Board of Barber Examiners
Office Location -1220 Lincoln Mall Suite 100
Mailing Address - PO Box 94723
Lincoln, Nebraska 68509

(402) 471-2051 barbers.board@nebraska.gov

Application for Licensure by Credentials or Reciprocity in the State of Nebraska.

Please read and fill out entire application carefully and submit all evidence possible to verify/support your eligibility for licensure by your credentials or reciprocity agreement with your current licensing state.

Please print or type:

First Name	Middle Name (No Initials)	Last Name	Maiden Name	Social Security Number
Address ()	City ()	State	Zip	Email
Phone #	Cell Phone # or Alt. #	Date of Birth		

Submit the following with your application:

1. Copy of Birth Certificate.
2. Copy of High School Diploma, GED, or Equivalent Education.
3. Copy of Barber School Diploma.
4. Copy of Barber License issued by the state, territory, or country of which you were/are licensed.
5. Certification from your **original** licensing state, territory, or country.
6. Certification from your **current** licensing state, territory, or country if different from (5).
7. Affidavit of Employment from previous and current employers **if completed barber program is less than 1800 hours required in Nebraska.** Hours required in your original licensing state to become a licensed barber? _____ How many years as an active licensed barber? _____
8. Are you suffering from any infectious or contagious diseases? [] Yes [] No If yes, provide Medical Report
9. Have you been convicted of a felony? [] Yes [] No If yes, please submit a Criminal History Report from the state(s) territory, or country in which you were convicted. **Reporting Agency must send report directly to The Board of Barber Examiners.**
10. Two signed portrait pictures at least passport size, but not to exceed 3" x 5", showing a sufficient portion of applicant's face.
11. **United States Citizenship Attestation** - For the purpose of complying with Neb.Rev.Stat. §§4-108 through 4-114, I attest as follows:
____I am a citizen of the United States.
OR
____I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:_____ and I agree to provide a copy of my USCIS documentation upon request.
 - I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.
 - I declare, under penalty of perjury under the laws of the State of Nebraska, that the foregoing information is true.
 - By signing this application, I hereby swear that I have read the Nebraska Sanitary and Safety Rules regulating barber shops and barber schools. I will obey these rules as well as all other Nebraska Statutes, Rules and Regulations.
12. Please submit the proper fee listed below on the **FEE SCHEDULE** for Licensure by Reciprocity or Licensure by Credentialing. After review of the application and related documents if approved, individual will be entitled to practice barbering in the State of Nebraska through the current renewal period ending on June 30th, of each even numbered year.

PLEASE NOTE: To allow the board adequate time to review documents and to determine eligibility, we request that the required documents and fees are submitted to our office sixty days in advance of licensing determination. The applicant will be notified ten days after the board's ruling. I declare under penalty of perjury that the foregoing and all submitted documents are true and correct.

STATE OF _____)

COUNTY OF _____)

APPLICANT'S SIGNATURE (Must be witnessed by a Notary Public) DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20_____

SEAL

NOTARY PUBLIC

FOR OFFICE USE ONLY:

LICENSE NUMBER _____

NAME _____

ADDRESS _____

FILING DATE _____

APPROVED _____ DISAPPROVED _____

LICENSED AS A BARBER DUE TO:

DATE LICENSED _____

REVIEWED AND APPROVED:

PRESIDENT

VICE PRESIDENT

MEMBER

DIRECTOR

FEE SCHEDULE

License by
Credential/Reciprocity

YEAR	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$205.00	\$205.00	\$205.00	\$205.00	\$205.00	\$205.00	\$265.00	\$265.00	\$265.00	\$265.00	\$265.00	\$265.00
Odd Numbered Year	\$265.00	\$265.00	\$265.00	\$265.00	\$265.00	\$265.00	\$205.00	\$205.00	\$205.00	\$205.00	\$205.00	\$205.00

Locate the Year and Month of Your Application to determine the proper fee due.

Make payable to: Nebraska Board of Barber Examiners

If you have any questions, please contact our office. Contact information is located at the top of page one.

Note: Nebraska Barber Licenses expire June 30th of each even numbered year.