

STATE of NEBRASKA  
Board of Barber Examiners  
Box 94723  
Lincoln, Nebraska 68509  
(402) 471-2051 [barbers.board@nebraska.gov](mailto:barbers.board@nebraska.gov)

**APPLICATION FOR STUDENT EXAMINATION**

Must be submitted to the board office 15 days prior to examination.

The following must accompany this application:

- (A) Submit Proper Fee listed below on **FEE SCHEDULE**, to activate license through June 30<sup>th</sup> of each even number year.
- (B) Two portrait type photographs at least passport size, but not to exceed 3"x5", signed by the applicant, showing a sufficient portion of the applicant's face to permit identification.
- (C) Copy of Birth Certificate. [  ] Copy enclosed [  ] Copy previously submitted
- (D) Copy of high school diploma or its equivalent. [  ] Copy enclosed [  ] Copy previously submitted
- (E) Copy of barber school diploma. [  ] Copy enclosed [  ] Copy previously submitted
- (F) Copy of cosmetology license, if applicable. [  ] Copy enclosed [  ] Copy previously submitted
- (G) Out of state/country applicants only: Certificate of licensure from your state/country
- (H) Request for examination accommodation or alternative examination formats will be honored when accompanied by verification of need for accommodations from a recognized service provider knowledgeable about the disability. Time and location to be determined by the Board.

Note: Please read entire form carefully, incomplete information will result in delay.

Please **Print** or type:

1. \_\_\_\_\_  
First Name                      Middle Name      (No Initials)                      Last Name                      Maiden Name
2. \_\_\_\_\_  
Address                      Apartment Number                      City                      State                      Zip
3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Date of Birth                      Phone #                      Social Security Number
4. \_\_\_\_\_  
Barber School Attended                      City                      State                      Zip
5. Are you suffering from any infectious or contagious disease? [  ] Yes [  ] No      If yes, provide Medical Report.
6. 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.
7. **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.

- 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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

FOR OFFICE USE ONLY

ATTACH PHOTO HERE

LICENSE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

FILING DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
VICE PRESIDENT

\_\_\_\_\_  
MEMBER

EXAMINATION DATE \_\_\_\_\_

LICENSE ISSUANCE DATE \_\_\_\_\_

PRACTICAL SCORE \_\_\_\_\_

WRITTEN SCORE \_\_\_\_\_

Portrait type photograph at least passport size, not to exceed 3"x5", showing a sufficient portion of the applicant's face to permit identification.

## FEE SCHEDULE

### New Barber License with Application

YEAR	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even Numbered Year	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00
Odd Numbered Year	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$120.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00

Locate the **Year** and **Month** of the **Examination** on the FEE SCHEDULE to determine the proper fee due.

Make Payable to: Nebraska Board of Barber Examiners

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

Note: Nebraska Barber Licenses expire June 30<sup>th</sup> of each even numbered year.