

STATE OF NEBRASKA
BOARD OF BARBER EXAMINERS

MAILING ADDRESS
Board of Barber Examiners
PO Box 94723
Lincoln, NE 68509

OFFICE LOCATION
1220 Lincoln Mall Ste 100
Lincoln, NE
(402) 471-2051

APPLICATION TO TRANSFER OWNERSHIP OF A BARBER SCHOOL

THE FOLLOWING INFORMATION MUST BE COMPLETED BY CURRENT OWNER. PLEASE PRINT OR TYPE.

SCHOOL OWNER(S) _____ SCHOOL LICENSE NO. _____

SCHOOL MANAGER _____ INSTRUCTOR LICENSE NO. _____

SCHOOL NAME _____ LAST DAY OF OPERATION _____

RELEASE OF CERTIFICATE OF REGISTRATION FOR TRANSFER:

I, the current holder of this barber school registration, do herewith release said certificate for transfer to the applicant.

SIGNATURE _____

Owner(s) authorized to release

STATE OF NEBRASKA)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

COUNTY OF _____)

_____ DAY OF _____ 20_____

SEAL

NOTARY PUBLIC

* * * * *

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE APPLICANT. PLEASE PRINT OR TYPE.

SCHOOL OWNER(S) _____ LICENSED INSTRUCTOR YES _____ NO _____

SCHOOL MANAGER _____ INSTRUCTOR LICENSE NO. _____

SCHOOL NAME _____ BOND NUMBER _____

INSTRUCTOR _____ LICENSE # _____

INSTRUCTOR _____ LICENSE # _____

INSTRUCTOR _____ LICENSE # _____

SCHEDULED FIRST DAY OF OPERATION _____ ESTIMATED NUMBER OF STUDENTS ENROLLED _____

APPLICANT'S SIGNATURE(S) _____ SOCIAL SECURITY # _____

_____ SOCIAL SECURITY # _____

STATE OF NEBRASKA)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

COUNTY OF _____)

_____ DAY OF _____ 20_____

SEAL

NOTARY PUBLIC

NOTE: SUBMIT COMPLETED APPLICATION WITH FEE OF \$200.00 FOR THE TRANSFER AND ISSUANCE OF CERTIFICATE.
APPLICATION SHALL BE FILED 30 DAYS IN ADVANCE OF THE SCHEDULED FIRST DAY OF OPERATION.

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OFFICE USE ONLY:

DATE FILED _____ RECEIPT NO. _____ AMOUNT OF BOND _____

FEE SUBMITTED _____ BOND NO. _____ APPROVAL DATE _____

United States Citizenship Attestation Form

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.

PRINT NAME

(first, middle, last)

SIGNATURE

DATE

01/19/2010