

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 CHANGE THE LOCATION OF A BARBER SCHOOL

PLEASE PRINT OR TYPE:

OWNER _____

MANAGER (IF OTHER THAN OWNER) _____

NAME OF SCHOOL _____

STREET _____ CITY _____ ZIP _____

INSTRUCTOR (MGR) _____ LICENSE# _____

INSTRUCTOR _____ LICENSE# _____

ASSISTANT INSTRUCTOR _____ LICENSE# _____

ASSISTANT INSTRUCTOR _____ LICENSE# _____

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

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

Applicant's Signature must be witnessed by a Notary Public

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 \$300.00 FOR THE LICENSE TO CHANGE THE LOCATION OF A BARBER SCHOOL AND ISSUANCE OF CERTIFICATE. APPLICATION AND DETAILED BLUEPRINT/DESCRIPTION OF PREMISES SHALL BE FILED THIRTY DAYS IN ADVANCE OF THE SCHEDULED FIRST DAY OF OPERATION.

ENCLOSED ARE THE STATUTES AND RULES AND REGULATIONS OF THE BOARD OF BARBER EXAMINERS RELATING TO REQUIREMENTS FOR SCHOOLS OF BARBERING.

OFFICE USE ONLY:

DATE FILED _____ RECEIPT NO. _____ APPROVAL DATE _____

FEE SUBMITTED _____ BOND/STUDENT RECOVERY _____ LICENSE NO. _____

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