

**APPLICATION FOR EXAM
TO RECEIVE A CERTIFICATE AS A REGISTERED ND BARBER**

(Chapter 43-04 Of the North Dakota Century Code)

State of _____ }
County of _____ }

I, _____, being sworn, say that I am a resident of

City _____ County of _____

Street Address _____

State _____ Zip _____

Date of birth _____ Place of birth _____.

I have completed four years of high school or the equivalent thereof. I am of good moral character and temperate habits and so far, as I know, free from any contagious or infectious disease. I have graduated from a school of barbering approved by the Board of Barber Examiners, to wit:

Give Name and Address of School _____

Date entered _____ Date finished _____

Military status _____

This is my _____ (state how many applications have been made before, if any, in this state) and I hereby pay to the Board of Barber Examiners the sum of \$100.00 and I hereby make application for an examination to determine my fitness to receive a certificate of registration to practice as a Barber in the state of North Dakota. I have read and agree to the State Board Exam instructions.

Applicant sign full name here

Date _____

Notary Public _____

County _____

(SEAL)

My Commission Expires _____