



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION  
BOARD OF BARBER

**VERIFICATION OF LICENSURE**

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Date Birth \_\_\_\_\_

**The applicant identified above claims to be the holder of a license in your State and has applied for a license to practice as a Barber in Washington, D.C. We request that you verify the registration, provide the following information, and return the form to Promissor on behalf of the District of Columbia Barber Board.**

Full Name of State Board: \_\_\_\_\_

Type of License Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Applicant is currently registered and in good standing: Yes [ ] No [ ]

Registration Number \_\_\_\_\_ License Expiration Date \_\_\_\_\_

Certificate or license issued by: Reciprocity [ ] Examination [ ] Other [ ]

If the applicant was licensed as a MANAGER by examination, please state the basis of qualification:

\_\_\_\_\_

Did the applicant pass comprehensive written and practical examinations administered in the English language without the aid or assistance of interpreters or any other translating means? Yes [ ] No [ ] If No, please explain:

\_\_\_\_\_

Name of School \_\_\_\_\_

Location \_\_\_\_\_

Period of Attendance \_\_\_\_\_

Total Hours \_\_\_\_\_

I HEREBY CERTIFY that the above is a correct and true statement of the training and licensure of the above named individual as filed in this office.

Signature of Authorized Official \_\_\_\_\_

Print Name and Title \_\_\_\_\_

(SEAL)

\_\_\_\_\_ Date

**Return the completed form to:** Pearson VUE  
Dept. DC-Barber  
Metro-Plex II, Suite 400  
8201 Corporate Drive  
Landover, MD 20785