

Barber Shop/Designated Manager/Designated Instructor Form

This supplemental form must be completed by Barber Shop and/or Designated Manager licensees in the Barber trade who wish to add, change, or terminate a Barber Shop /Designated Manager relationship. If you have any questions, call Pearson VUE's toll-free Customer Service line at 877-374-1155 Monday through Friday, 8AM to 5PM EST.

Section 1. REQUEST TYPE AND FEES

Please indicate the type of request being submitted: <input type="checkbox"/> Barber Shop submitting first-time new license application (requires fee) <input type="checkbox"/> Barber Shop changing Designated Manager/Designated Instructor (requires fee) <input type="checkbox"/> Designated Manager, terminating Barber Shop relationship – Section 2 only (requires fee)	Make check or money order payable to Pearson VUE, Inc. and mail to: Pearson VUE Dept. DC – Barber Metro-Plex II, Suite 400 8201 Corporate Drive Landover, MD 20785															
Change of Designated Manager Fee \$30.00 (Includes one new license print for the Designated Manager) <input type="checkbox"/> Duplicate Licenses (limit 5) qty: _____ X \$30.00 = \$_____ .00 Total Enclosed \$_____ .00	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align:center;">Pearson VUE Only</th> </tr> <tr> <td colspan="3" style="text-align:center;">New Shop License Application:</td> </tr> <tr> <td colspan="3" style="text-align:center;">BTRS B/R _____</td> </tr> <tr> <td style="text-align:center;">Check \$</td> <td style="text-align:center;">Check #</td> <td style="text-align:center;">Clerk</td> </tr> <tr> <td style="text-align:center;">\$_____ .00</td> <td></td> <td></td> </tr> </table>	Pearson VUE Only			New Shop License Application:			BTRS B/R _____			Check \$	Check #	Clerk	\$_____ .00		
Pearson VUE Only																
New Shop License Application:																
BTRS B/R _____																
Check \$	Check #	Clerk														
\$_____ .00																

Section 2. DESIGNATED MANAGER INFORMATION

_____ FIRST NAME	_____ MI	_____ LAST NAME	_____ SUFFIX (Jr., Sr., etc.)
_____ LICENSE PREFIX/NUMBER	_____ - _____ - _____ SOCIAL SECURITY NUMBER*	* Due to the most recent amendment to the D.C. laws (DC Law 13-269 – "Child Support and Welfare Reform Compliance Amendment Act of 2000," effective March 31, 2001), the Department of Consumer and Regulatory Affairs is now required to collect and maintain Social Security Numbers in licensee files.	

Are you currently a designated manager for a Barber Shop?

YES I am regularly employed by the firm, person, or corporation indicated in the Barber Shop section below, and all work performed in the District of Columbia by the Barber Shop is under my supervision.

NO Please terminate any relationship I have with a Barber Shop and re-issue a regular Manager license for me.

DESIGNATED MANAGER'S SIGNATURE: _____ DATE: _____	Pearson VUE Only <input type="checkbox"/>
---	---

Section 3. BARBER SHOP OR SALON INFORMATION

_____ BARBER SHOP NAME	
_____ BARBER SHOP LICENSE PREFIX/NUMBER	_____ - _____ SHOP'S FEIN/TAX ID *

Both parties to this agreement understand that they must each submit a Barber Shop /Designated Manager Form immediately upon resignation or severance of connection of the above Designated Manager with the above Barber Shop. The previous relationship will stay in place for up to 15 days beyond the date of receipt of a subsequent form, which would serve to terminate such relationship. We hereby acknowledge that the Barber Shop or Salon must have one (and only one) Designated Manager in order to conduct business in DC, and that this Designated Manager is not designated for any other Barber Shop.

BARBER SHOP OWNER'S SIGNATURE: _____ DATE: _____ (Owner, Partner, or Officer)	Pearson VUE Only <input type="checkbox"/>
--	---