

GOVERNMENT OF THE DISTRICT OF COLUMBIA



OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF BARBER

BARBER SUPPLEMENTAL INFORMATION FORM

Name (Last, First, Middle Initial)

Address

City

St

Zip Code

Date of application

TYPE OF LICENSE:

- 1.) Apprentice Barber { }
2.) Master Barber { }

1. Experience:

	<u>Name of Shop</u>	<u>Address</u>	<u>Employment Dates From and To:</u>
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

2. To be completed by Master Barber for apprentice applicants only:

Name of Shop or School

Name of Instructor (Please Print)

Address

Signature of Instructor

City, St, and Zip Code

Instructor License Number

Date of Enrollment

Instructor License Expiration Date

3. Have you made an application to this Board previously? Yes () No ()