GOVERNMENT OF THE DISTRICT OF COLUMBIA

OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION

BOARD OF BARBER AND COSMETOLOGY

BARBER SUPPLEMENTAL INFORMATION FORM

Date of Application: _____

Name: _____
First Middle Last

Address: _____
Street City State Zip Code

TYPE OF LICENSE

❑ Apprentice Barber ❑ Master Barber

1. List Work Experience:

Name of Shop	**Address**	**Employment Dates From and To**
a.)		
b.)		
c.)		

2. To be completed by Master Barber for Apprentice Applicants Only:

_____ Name of Shop or School

_____ Address

_____ City, State and Zip Code

_____ Date of Enrollment

_____ Instructor's **Name Printed**

_____ Instructor's **Signature**

_____ Instructor's **License Number**

_____ Instructor **License Expiration Date**

3. Have you made an application of this Board previously? ❑ Yes ❑ No