

BARBER EXAMINATION APPLICATION INSTRUCTIONS

This is an active PDF form, click on each line and complete the necessary information.

Please review all instructions to ensure required information is submitted. Applications that are incomplete will be returned to the applicant and delay the scheduling of an examination date.

Once the application is completed, you are required to print and sign the application in the presence of a notary. The application must be mailed to the Board office (address on the top of the application) with the required fee.

The following must be submitted:

- Application pages 1 & 2
- Check or Money Order made payable to: Treasurer State of Ohio
- Copy of applicant's current, valid driver's license, Military ID, USA Passport, or other form of Government identification
- Any documentation required by answering yes to compliance questions.

Examination fees are as follows:

Practical/Theory \$ 90.00

Upon completion of your examination you will be given exam results including a separate license or Reschedule application requiring a fee.

Examination fees are non-refundable and cannot be transferred to another date.

NOTE: The Board will try to accommodate your first examination date choice. However, examination date scheduling is based on the order in which the applications are received.



OHIO STATE COSMETOLOGY AND BARBER BOARD

To protect and support the public through regulation and education, while promoting the integrity of the cosmetology and barbering industries.

1929 GATEWAY CIRCLE GROVE CITY, OHIO 43123

PHONE: (614) 466-3834 WWW.COS.OHIO.GOV

BARBER EXAMINATION APPLICATION

EXAM FEE: \$90.00 (Non-Refundable/Non-Transferable)

MAKE CHECK or MONEY ORDER

MADE PAYABLE TO: TREASURER STATE OF OHIO

LAST NAME	FIRST	MIDDLE		
STREET ADDRESS	CITY	STATE	ZIP	
TELEPHONE NUMBER AND AREA CODE	SOCIAL SECURITY NUMBER		COUNTY	
DATE OF BIRTH: MONTH DAY YEAR	AGE:	GENDER:	FEMALE	MALE
EMAIL ADDRESS				

BARBER SCHOOL ATTENDED: _____

BARBER SCHOOL ADDRESS: _____

BARBER SCHOOL LICENSE NUMBER: _____

Exam Date Choice: 1st: _____ 2nd: _____ 3rd: _____

Compliance Questions

Are you a registered sex offender? No Yes If yes, a certified copy of conviction record must be submitted with this application.

Note: A requirement to register as a sexual offender does not impact an individual's ability to take the barber examination, but may have an impact on an individual's ability to obtain a license to practice barbering. Please see rule 4709-5-08 of the Ohio Administrative Code for further information.

A copy of applicant's current, valid driver's license, Military ID, USA Passport, or other form of Government identification must be submitted with this application.

BARBER SCHOOL CERTIFICATION OF TRAINING

This is to certify that the applicant named herein has satisfactorily completed _____ hours of training as set forth in Chapter 4709 of the Ohio Revised Code. Of this total, _____ hours were accumulated since the last hours report.

ENROLLMENT DATE: _____ COMPLETION DATE: _____ CLOCK NO: _____
MM/DD/YYYY MM/DD/YYYY

AFFIDAVIT — Must be completed by a School Director/Representative.

STATE OF _____
COUNTY _____

I hereby swear, or affirm, that the student hours stated on this application are true and accurate to the best of my knowledge and belief.

SIGNATURE OF SCHOOL DIRECTOR/REPRESENTATIVE (Must be signed in presence of Notary)

Subscribed in my presence and sworn to before me this _____ day of _____, 20 _____

**NOTARY
SEAL**

NOTARY PUBLIC (Commission expiration date required)

AFFIDAVIT/ACKNOWLEDGMENT~A (Applicant/ Student)

STATE OF _____
COUNTY _____

I hereby swear, or affirm, that the statements on page one (1) of this application are true and accurate to the best of my knowledge and belief.

I **acknowledge** that my personal confidential information will be forwarded to the Ohio State Cosmetology and Barber Board. I understand this information is required for the purposes outlined below.

Notice on Collection of Personal Information

The Ohio State Cosmetology and Barber Board collects personal information on this form principally to identify and evaluate an applicant's qualifications for licensure, issue and renew licensure and enforce the provisions of Section 4713 and 4709 of the Ohio Revised Codes. Submission of this information is mandatory and the Board cannot process your application without a complete and accurate profile that includes the information requested. Information submitted to the Board, **excluding** confidential personal information as listed under Section 149.43 of the Ohio Revised Code, may be disclosed in response to a request for public records, to another state or government agency as required by law, or pursuant to a court order. Your social security number is required by state law and federal law for purposes of child support enforcement (ORC 3123.50, 42 U.S.C. Section 666). Licensees may request to review the information maintained by the Ohio State Cosmetology and Barber Board. Questions should be directed to the Board office.

The Ohio State Cosmetology and Barber Board maintains personal information data in an interconnected enterprise licensing data system that is accessed by other agencies authorized to engage in occupational and professional licensing in the state of Ohio. Access to personal information data maintained in the interconnected enterprise licensing system by participating agencies is strictly limited to purposes identified by each participant, in accordance with Section 1347.15 of the Revised Code.

I hereby request that in order to process my application, act upon renewal requests, and to respond to public requests to confirm my license/certificate status, my personal information be accessed in accordance with OAC 4713-1-13(E) and (G) and 4709-11-01 (D), (J) and (K).

SIGNATURE OF APPLICANT (Must be signed in presence of Notary)

Subscribed in my presence and sworn to before me this _____ day of _____, 20 _____

**NOTARY
SEAL**

NOTARY PUBLIC (Commission expiration date required)