

BARBER RECIPROCITY APPLICATION INSTRUCTIONS

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

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:

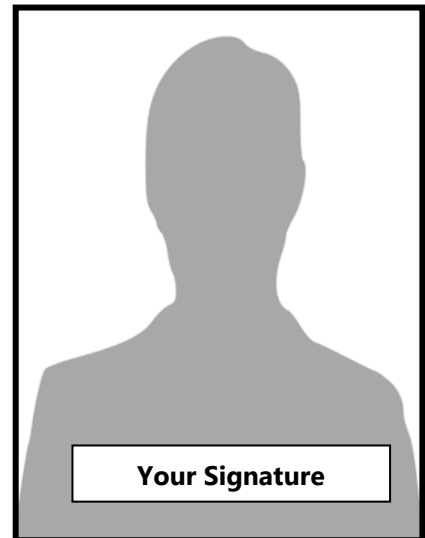
- Application pages 2 & 3
- Check or Money Order made payable to: Treasurer State of Ohio
- Documentation of a minimum eighth (8th) grade education or equivalent.
- Copy of current barber license.
- Certification of Barber school training
- Letter of Certification
- Two (2) Identical face forward, unobstructed photos, (no hats, scarves, or sunglasses permitted) no smaller than an UNCUT passport photo and no larger than a wallet size photo. **Photos must follow size guideline below.**
- Copy of a certified Birth Certificate
- 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.



Approximate Minimum
Photo Size

ATTENTION
Adequate space must be
available from your chin to the
bottom of the photo to allow for
your signature order to be
approved.

**Photos must meet requirements
in order to be approved.**



Approximate Maximum
Photo Size

Certification of barber school training – Ohio requires that an applicant graduate with not less than eighteen hundred (1,800) hours of training from a Board approved barber school. If fifteen hundred (1,500) hours, we will accept proof of one (1) year of work experience in a licensed barber shop for the three hundred (300) hour difference in school hours. If less than 1,500 clock hours, the individual must return to barber school for the additional hours to total 1,800 clock hours.

Current barber license - from the State/Country where currently licensed.

Letter of Certification - Sent from the State licensing Board where you are currently licensed, directly to the Ohio Cosmetology and Barber Board. The certification letter must include the number of barber school hours completed and that your license is current and in good standing. The Certification letter must have the state seal or application will not be approved.

Copy of Birth Certificate - if name is different from Birth Certificate, submit a copy of marriage certificate or other legal document showing name change. This is to verify that all papers submitted relate to the same person.

Proof of at least an eight (8th) grade education or an equivalent; as determined by an examination conducted under the supervision of the Department of Education in the state/country where the applicant resides. **If you attended a domestic online high school, you must have your education transcripts/diplomas evaluated by a professional evaluation company.**

Out of Country applicants are required to have the following items reviewed by a Credential Evaluation Service prior to submission to the Board.

1. Current Barber License - from the country where you are currently licensed.
2. Letter of Certification - from the country where you are currently licensed.
3. Certification of Barber school training.
4. Proof of at minimum an eighth (8) grade education or equivalent - as determined by the Department of Education where the applicant resides.

NOTE: The Board does not endorse or recommend a specific credential evaluation service. The cost to have documents evaluated by a service is the responsibility of the applicant.

All foreign documents must be accompanied by an official translation and notarized.



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 RECIPROCITY APPLICATION

EXAM FEE: \$300.00 (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:

TOTAL HOURS:

Compliance Questions

Do you have, at minimum, an eighth grade education **Yes** **No** Proof of education is required to be submitted.

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.

BARBER SCHOOL CERTIFICATION OF TRAINING

I have a current Barber license/certification issued by the State/Country of _____, and I have practiced as a licensed barber from _____ to _____.
MM/YYYY MM/YYYY

My current license/certification number is _____.

AFFIDAVIT/ACKNOWLEDGMENT~A (Applicant/ Student)

STATE OF _____

COUNTY _____

I hereby swear, or affirm, that the statements contained within 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)