



# 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](http://WWW.COS.OHIO.GOV)

## Barber Teacher Application

**FEE: \$185.00 (Non-Refundable/Non –Transferable)**

**MAKE CHECK or MONEY ORDER**

**MADE PAYABLE TO: TREASURER STATE OF OHIO**

An applicant for a **Barber Teacher license** must hold a current, valid Barber license, have at least eighteen (18) months of work experience in a licensed barber shop, or been employed as an assistant barber teacher under the supervision of a licensed barber teacher for at least one year. Applicant is required to take and pass the required Barber Teacher Examination.

LAST NAME	FIRST	MIDDLE	MAIDEN
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER AND AREA CODE	COUNTY	DATE OF BIRTH: MONTH DAY YEAR	
EMAIL ADDRESS	GENDER: FEMALE	MALE	OHIO BARBER LICENSE NUMBER:

**A copy of applicant's current, valid driver's license or State ID with picture must be submitted with this application.**

**A Barber Teacher license permits you to work in an OHIO BARBER SCHOOL ONLY.**

**Amount Received**

**Certification of Work Experience**

Applicant must have the owner from the shop in which they have been employed certify to the board that the applicant has engaged in the practice of barbering in a licensed barber shop for at least eighteen months (18).

**Affidavit - This Section Must be Notarized**

Shop Owner: \_\_\_\_\_ Shop License Number \_\_\_\_\_

Name of Shop \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

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Employee Name: \_\_\_\_\_ Number of hours worked: \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)

**For use if more than one employer needed to verify the required eighteen (18) months of work experience.**

Shop Owner: \_\_\_\_\_ Shop License Number \_\_\_\_\_

Name of Shop \_\_\_\_\_

Address, City, State and Zip Code: \_\_\_\_\_

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Employee Name: \_\_\_\_\_ Number of hours worked: \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_

I swear or affirm that all information contained in this application is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner (Must be signed in presence of notary)

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Notary Seal**

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC (Commission expiration date required)

**AFFIDAVIT/ACKNOWLEDGMENT~ Applicant**

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)