

# IDAHO STATE BOARD OF BARBER EXAMINERS

## APPLICATION FOR LICENSURE

### NOTICE

As noted in Section 54-516, Idaho Code, the board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following causes: The conviction of a felony; malpractice or incompetence; failure to meet sanitary and health requirements; false or deceptive statements in advertising; habitual drunkenness or addiction to habit-forming drugs; immoral or unprofessional conduct; the violation of any other provision of the barber laws or rules. **NOTE: ANY PRACTICE PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE.**

All requested information must be provided and all questions must be answered. Failure to complete the application and/or include the required fees will result in a delay in processing. If you have ever held an Idaho license, you are not eligible for licensure by endorsement. The Board will review the information you submit, and may require you to submit additional materials, submit additional fees, and take all or part of the licensure examination.

**INSTRUCTIONS AND CHECKLIST FOR APPLICATION BY ENDORSEMENT.** Applicants must hold a current license in good standing from a state whose standards are equal to Idaho standards (hours and examination) **OR** hold a current license good standing from another state and has maintained that license for at least three (3) years immediately prior to making application in this state.

- Completed application. All requested information must be provided along with passport photo and notary seal.
- Copy of drivers license or birth certificate.
- Copy of transcript, diploma, etc. showing proof of completion of the tenth grade.
- Copy of marriage license or divorce decree if name used on accompanying documents does not match the one on the application.
- Order certification of licensure from the state where you are currently licensed to be mailed to our office.
- Attach correct fees. (\$80 for endorsement and original license fee)

### **CHECKLIST FOR APPLICATION BY EXAMINATION.**

- Completed application. All requested information must be provided along with passport photo and notary seal.
- Copy of drivers license or birth certificate.
- Copy of transcript, diploma, etc. showing proof of completion of the tenth grade.
- Copy of marriage license or divorce decree if name used on accompanying documents does not match the one on the application.
- If not licensed in another state, transcripts of training must be sent to us directly from the school you attended.
- If you are licensed in another state, certification of licensure and examination type must be ordered and sent directly to IBOL.
- Attach correct original license fees (see list below).
- Proof of successful passage of the required exam.
- Itemized record of instruction with total hours and services completed during training.

Minimum hours required for application by Examination: 900 for barber; and 1800 for barber stylist.

ENDORSEMENT FEE	\$80.00
BARBER or BARBER STYLIST LICENSE	\$25.00

Applications will not be processed until complete. FEES ARE NOT REFUNDABLE. All returned checks are subject to a \$20.00 fee and the application will be invalid. Please make checks and money orders payable to IBOL.

The Board has ruled that **all applicants must review the Idaho laws & rules** prior to licensure. The State of Idaho Barber Examiners Laws and Rules may be downloaded at: [www.ibol.idaho.gov](http://www.ibol.idaho.gov)

**Questions regarding this application or requirements for licensure may be addressed to: Idaho State Board of Barber Examiners, Bureau of Occupational Licenses, PO Box 83720, Boise, Idaho 83720-0063 or email at [bar@ibol.idaho.gov](mailto:bar@ibol.idaho.gov)**

**For information on exams and exam times, please contact D.L. Roope at [www.dlroope.com](http://www.dlroope.com).**

**STATE OF IDAHO  
BUREAU OF OCCUPATIONAL LICENSES  
700 West State Street, P.O. Box 83720  
Boise, Idaho 83720-0063**

**APPLICATION FOR BARBER OR BARBER STYLIST LICENSURE**

Please complete this form by providing the requested information (please print) and the required fees. Your signature must be notarized and any supporting documentation must be attached. Submit the completed form to the address noted. **NOTE: ANY PRACTICE PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE.**

I hereby submit my qualifications and make application for a license to practice as a: (please check applicable box)

Barber  Barber Stylist

in the State of Idaho under the provisions of Title 54, Chapter 5, Idaho Code as amended.

**1. Full Name** (Mr., Mrs., or Ms.) \_\_\_\_\_

**2. Address of Record** \_\_\_\_\_  
(The above address is public record)                      Street                      City                      State                      Zip

**3. Mailing Address** \_\_\_\_\_  
(Will be used as address of record if none provided above)    Street/PO Box                      City                      State                      Zip

**4. Place of Birth** \_\_\_\_\_                      **Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month                      day                      year

**5. Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    **Home phone** (\_\_\_\_) \_\_\_\_\_    **Business phone** (\_\_\_\_) \_\_\_\_\_  
**E-mail** \_\_\_\_\_                      (this number is not a public record)                      (This number is public record)

**6. Do you have at least a tenth (10<sup>th</sup>) grade education or the equivalent?**                       Yes     No  
(If you did not receive your training in Idaho, proof of education must be attached. A copy of your high school diploma, transcript, GED, or CPAT is acceptable.)

**7. Have you graduated from a course of barber or barber stylist training? (§ 54-506, Idaho Code)**     Yes     No  
(If Yes, official documentation of graduation and training must be received directly from the school that provided the training.)

**8. Are you licensed in any state to practice barber or barber stylist wholly or in part?**                       Yes     No  
(If Yes, certification of licensure must be received directly from the licensing authority before your application will be processed. Attach a copy of your license, and complete all sections of the attached addendum. If No, complete addendum sections A & C.)

**9. Which parts of the national NIC examination have you taken and passed?**     Practical     Written/Theory     None

**10. Have you ever been convicted of any State or Federal felony?**                       Yes     No  
(If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached.)

**11. Have you ever had a license, or registration revoked, suspended or otherwise sanctioned?**                       Yes     No  
(If yes, a copy of the charges and the final order must be received before your application will be processed.)

**AFFIDAVIT**

I hereby certify that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have successfully completed the required training program and have been duly graduated and that I have received and will comply with the Idaho Laws and Rules governing the practice of barbering. I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or it's identified agent any and all information, communications recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

\_\_\_\_\_  
Signature of applicant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
 Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

**APPLICATION FOR LICENSURE  
ADDENDUM**

**A. CHARACTER REFERENCES: Please provide the names and addresses of three character references below.**

<hr/> <b>Full Name</b>	<hr/> <b>Full Name</b>	<hr/> <b>Full Name</b>
<hr/> <b>Street Address</b>	<hr/> <b>Street Address</b>	<hr/> <b>Street Address</b>
<hr/> <b>City, State, Zip Code</b>	<hr/> <b>City, State, Zip Code</b>	<hr/> <b>City, State, Zip Code</b>

**B. WORK EXPERIENCE: List your work experience including employers names, addresses, phone numbers and dates of practice.**

NAME OF SHOP \_\_\_\_\_ EMPLOYERS NAME \_\_\_\_\_

ADDRESS of SHOP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES of PRACTICE \_\_\_\_\_ TO \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

NAME OF SHOP \_\_\_\_\_ EMPLOYERS NAME \_\_\_\_\_

ADDRESS of SHOP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES of PRACTICE \_\_\_\_\_ TO \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

NAME OF SHOP \_\_\_\_\_ EMPLOYERS NAME \_\_\_\_\_

ADDRESS of SHOP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES of PRACTICE \_\_\_\_\_ TO \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

If more space is needed, attach a separate sheet of paper

**C. PHOTOGRAPH: Attach 1 passport photograph of yourself taken within the last six months below.**

**ATTACH PHOTOGRAPHS HERE**  
(Please do not staple)

**EYE COLOR** \_\_\_\_\_

**HAIR COLOR** \_\_\_\_\_

**OTHER DISTINGUISHING FEATURES**

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