



## North Carolina Board of Barber Examiners REGISTERED BARBER EXAM APPLICATION

7001 Mail Service Center, Raleigh, North Carolina 27699-7000  
Phone (919) 814-0640 • Fax (919) 981-5068  
barbers.nc.gov • barberboard@nc.gov

### STOP! PLEASE READ BEFORE YOU BEGIN!

- You must complete all fields, unless they are marked as optional. If you leave any required fields blank, your application will be delayed.
- Please make sure that you also submit the documents listed in the “Additional Documents” section to avoid delaying your application. Without the fee and the affidavit(s) showing that you completed a 12-month apprenticeship, we will not schedule you for an exam.
- Please be sure to have the form notarized and make sure it’s legible.
- Send the completed form to the address listed above.
- If you have any questions, please contact us.
- Your exam will consist of a shave and a haircut on a live model. After you submit this application, we will notify you of the exam date and time and provide instructions, including requirements for your model.

### PERSONAL INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
(Optional)

Social Security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
*(We're required by state law to collect your Social Security number)*

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (optional): \_\_\_\_\_ Fax (optional): \_\_\_\_\_

Email (optional): \_\_\_\_\_

What barber school did you attend? \_\_\_\_\_

When did you graduate from barber school? \_\_\_\_\_

**CONTINUED ON THE NEXT PAGE**

## EMPLOYEE CLASSIFICATION

You must read the Public Notice Statement below and answer the two questions below. Please note that if you answer Yes to the second question, you must submit documentation. **Your application will not be processed without this information.**

1. Have you read and understood the Public Notice Statement below?

Yes       No

2. Have you been investigated for employee misclassification?

Yes       No

Please note: if you responded Yes to having been investigated for employee misclassification, you must submit the results of the investigation for review.

### ***Public Notice Statement Required by N. C. Gen. Stat. § 143-789(a)(5)***

*Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4) (NC Department of Labor), 143-762(a)(3) (Employee Fair Classification Act), 96-1(b)(10) (Employment Security Act), 97-2(2) (Workers' Compensation Act), or 105-163.1(4) (Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.*

*Employee Classification Section  
North Carolina Industrial Commission  
1233 Mail Service Center  
Raleigh, NC 27699-1233  
Telephone: (919) 807-2582, Fax: (919) 715-0282  
Email: emp.classification@ic.nc.gov*

**NOTE:** don't send this form to the address on the left. Only use that address to report suspected misclassification. Send this form to the address at the top of the front page.

*Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. N.C. Gen. Stat. § 143-786.*

(THE REMAINDER OF THIS PAGE IS LEFT BLANK INTENTIONALLY)

## ADDITIONAL REQUIREMENTS

In addition to this application, please submit the following items. **They are required**, so if you don't submit them, we won't be able to process your application.

### Affidavit(s)

You must submit one or more affidavits from the supervising registered barber or barbers. We have provided you with a blank form. If you need more, you may copy the blank form, download it from [www.ncbarbers.com/forms.html](http://www.ncbarbers.com/forms.html), or contact us.

- If you completed 12 months of apprenticeship under one supervising registered barber, you only need one affidavit.
- If you completed your apprenticeship with less than one year under each supervising registered barber, you'll need to submit multiple affidavits. Taken together, the affidavits must provide evidence that you completed at least 12 months as an apprentice barber.

Have you included the affidavit(s) with this application?       Yes       No

### Fee

The exam fee is \$85. If you mail this form, please pay by check, cashier check, or money order (no cash). If you hand-deliver this form to our office, you may also pay by credit-card or debit-card (Visa, MasterCard, or Discover).

Have you included the fee with this application?       Yes       No

## ATTESTATION

I, \_\_\_\_\_, the applicant, declare that I am the person making this application, that I have read the application in its entirety and understand its contents, and that all the statements made in this application are true and correct.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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AFFIDAVIT**

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**INSTRUCTIONS TO APPLICANT**

Applicant, please provide your name: \_\_\_\_\_

Please provide this affidavit form to a registered barber who supervised you during your apprenticeship. If that registered barber supervised you for fewer than 12 months, you should complete additional affidavits as necessary to provide evidence that you completed a 12-month apprenticeship. **If you need additional copies of the form, please copy this form, go to [barbers.nc.gov/forms.html](http://barbers.nc.gov/forms.html), or contact us.**

**AFFIDAVIT (to be completed by supervising registered barber)**

This affidavit must be completed by a licensed registered barber who can verify that the applicant has served as an apprentice.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
(Optional)

License number: \_\_\_\_\_

I, \_\_\_\_\_, the supervising registered barber, declare that the applicant has served as an apprentice barber under my supervision for the dates listed below:

**Start:** \_\_\_\_\_, \_\_\_\_\_ **End:** \_\_\_\_\_, \_\_\_\_\_  
(month) (year) (month) (year)

Registered barber's signature: \_\_\_\_\_

**STATE OF** \_\_\_\_\_

County of \_\_\_\_\_ Notary signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires on: \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**