

Michigan Department of Labor & Economic Growth
 Bureau of Commercial Services
 Licensing Division
 BOARD OF BARBER EXAMINERS
 P.O. Box 30018, Lansing, MI 48909
 (517) 241-9201
 www.michigan.gov/barbers

This document can be completed on-line.
 Place the cursor in the first field, make your entry, and tab to the next field. When you are finished, press the print button to print your completed form. This form CANNOT BE submitted electronically. If you need to clear the form for any reason, click the Clear button.

APPLICATION FOR RELICENSURE OR REREGISTRATION

AUTHORITY: P.A. 299 of 1980, as amended.

COMPLETION: Mandatory

PENALTY: Failure to complete may result in denial of your application.

Name (First, Middle, Last)		Permanent I.D. Number	Date Expired
Street Address		License Type (Individual, Corp., etc.)	Profession
City	State	Zip Code	E-mail address

PLEASE COMPLETE INFORMATION BELOW

It has been more than 60 days since your license or registration has lapsed. Pursuant to Section 411 of 1980, P.A. 299, as amended, you are now required to apply for relicensure or reregistration. Persons applying 3 years or more after the expiration date may need to meet other requirements, as established by rules or procedures. Please contact the individual board office, if you have not already done so.

Daytime Telephone Number	Date of Birth	Social Security of Federal I.D.
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Have you, or if a firm, any officer, owner, director, partner or trustee of the firm been convicted of a felony or misdemeanor for which you/they could have gone to jail?

Yes - If yes, please download the form BCS/LCE-020 "Request for Conviction History." The form can be downloaded and completed to accompany this application. See www.michigan.gov/barbers and go to Quick Links; select Forms & Publications. If form is not included the Department may contact you at a later date. No

Have you, or if a firm, any officer, owner, director, partner or trustee of the firm had disciplinary action taken against any license, registration or permit now held or has ever been held? (suspension, revocation, denial, etc.)

Yes - On a separate sheet of paper, provide type of license, name of state, action and dates of action. No

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, or may be punishable by law. I hereby authorize the Department of Labor and Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I further authorize the Department or its agents to examine my books and records at the Department's discretion.

 Applicant's Signature

 Date

FEE PAYMENT INFORMATION - PLEASE CHECK ONE

FOR OFFICE USE ONLY - VALIDATION

Between June 3 of EVEN year through June 2 of ODD year:

- | | | |
|--|----------------|---------|
| <input type="checkbox"/> Barber License | Fee: \$ 70.00 | 1701-06 |
| <input type="checkbox"/> Barber Instructor License | Fee: \$ 80.00 | 1701-06 |
| <input type="checkbox"/> Barber Shop License | Fee: \$ 110.00 | 1702-06 |
| <input type="checkbox"/> Barber College License | Fee: \$ 245.00 | 1705-06 |

Between June 3 of ODD year through June 2 of EVEN year:

- | | | |
|--|----------------|---------|
| <input type="checkbox"/> Barber License | Fee: \$ 100.00 | 1701-06 |
| <input type="checkbox"/> Barber Instructor License | Fee: \$ 120.00 | 1701-06 |
| <input type="checkbox"/> Barber Shop License | Fee: \$ 150.00 | 1702-06 |
| <input type="checkbox"/> Barber College License | Fee: \$ 395.00 | 1705-06 |

Make your check or money order from a U.S. Financial Institution payable to:

STATE OF MICHIGAN - BARBERS

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.