

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/commerciallicensing

OUTSTATE BARBER INSTRUCTOR OR STUDENT INSTRUCTOR LICENSE APPLICATION

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

FOR OFFICE USE ONLY	
I.D. Number:	17-01
Effective Date:	
Approved By/Date:	

Check One	
<input type="checkbox"/> Outstate Instructor Fee: \$60.00 (If you are applying between June 3 of an even numbered year and June 2 of an odd numbered year)	
<input type="checkbox"/> Outstate Instructor Fee: \$100.00 (If you are applying between June 3 of an odd numbered year and June 2 of an even numbered year)	
<input type="checkbox"/> Student Instructor Fee: \$50.00	
\$20.00 OF FEES ARE NON-REFUNDABLE	

- Carefully read and complete this application and Quick Processing Card.
- Make sure you sign the Certification.
- Print legibly in black ink or type your responses.
- Allow approximately 30 days to receive your license once your application has been approved by this office.
- Have the barber college complete the acknowledgment on the back, if you are applying as a student instructor.
- Outstate barber applicants must submit a certification from the state of original licensure which verifies training and licensure as an instructor.

APPLICANT INFORMATION

Name (Last, First, Middle)		Social Security Number
Mailing Address (Number, Street)		Date of Birth
City, State and Zip Code		Daytime Telephone Number ()
Have you ever been convicted of a felony or misdemeanor for which you could have gone to jail? <input type="checkbox"/> No <input type="checkbox"/> Yes - Do not give details at this time. The Department may contact you at a later date.	Have you ever had disciplinary action taken against any license, registration or permit you now hold or have ever held? (suspension, revocation, denial, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes - Provide type of license, name of state, action and dates of action on a separate sheet of paper.	Are any records concerning you filed under another name? (A maiden name, for example?) <input type="checkbox"/> No <input type="checkbox"/> Yes - _____

FEE PAYMENT INFORMATION (Check Appropriate Box)	FOR OFFICE USE ONLY - VALIDATION
<input type="checkbox"/> Outstate Instructor - Even Year Fee: \$60.00 71-1701-08 <input type="checkbox"/> Outstate Instructor - Odd Year Fee: \$100.00 71-1701-08 <input type="checkbox"/> Barber Student Instructor: Fee: \$50.00 71-1701-03 <p style="text-align: center;">\$20 IS NON-REFUNDABLE</p>	
<p style="text-align: center;">Make your check or money order from a U.S. Financial Institution payable to: STATE OF MICHIGAN - BARBERS.</p> <p>FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.</p>	

EDUCATION - Important: You must submit a copy of your high school diploma or G.E.D.

HIGH SCHOOL	Name of High School	Circle Highest Grade Completed				
		8	9	10	11	12
	Complete Address of School					
	Current Michigan Barber License Number 17-01	Expiration Date				

EXPERIENCE - Important: List below the names and address of your employers to indicate two (2) years of experience. Submit notarized statements from the employer(s) listed below to verify your experience.

From Month/Year	To Month/Year	Employer	Position Held

CERTIFICATION

I hereby certify that the statements made in this application are true and correct. I have not withheld information that 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 Michigan Department of Labor & Economic Growth and its agents to investigate any statements made by me in this application, including checking criminal, civil, and administrative records.

Applicant's Signature (Required)	Date of Signature
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You must complete all requirements for licensing within one (1) year from the date of application, or a notice of incomplete application. If the requirements are not completed, the fees paid will be forfeited to the Department and the application shall be void pursuant to MCL 339.409(3).

THIS SECTION TO BE COMPLETED BY THE BARBER COLLEGE FOR STUDENT INSTRUCTOR APPLICANTS ONLY

Name of School Where Applicant will be Working/Training	Telephone Number	School License Number
School Address (Number, Street, City, State and Zip Code)		Date Applicant will Begin

I certify that the applicant has been accepted to attend training/teach as a limited student instructor in the barber college.

Signature of School Owner or Manager	Date of Signature
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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.