

Michigan Department of Licensing and Regulatory Affairs
Bureau of Commercial Services
Licensing Division
BARBER LICENSING
P.O. Box 30018, Lansing, MI 48909
517-241-8720
www.michigan.gov/barbers

INSTRUCTIONS FOR FOREIGN/OUT-OF-STATE BARBER AND/OR BARBER INSTRUCTOR LICENSE APPLICANTS

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

Outlined below are the requirements for licensure in Michigan. **DO NOT SUBMIT THE APPLICATION UNTIL ALL THE REQUIREMENTS ARE MET. YOU ARE NOT PERMITTED TO WORK AS A BARBER OR INSTRUCTOR IN MICHIGAN UNTIL YOU RECEIVE A MICHIGAN LICENSE.**

1. A certification is required from the State Board where you received your original license, indicating the number of hours of training, whether you passed a Board-administered written and hands-on practical examination, and whether your license is in good standing. The certification must be endorsed by the seal of the Board and must be sent directly to this office. Also, submit a fully completed application form and fee.

If you are a barber applying for reciprocity from another state, jurisdiction, or country, you must have held a license for one out of three years immediately preceding the filing of your application. The licensing requirements of the other state, jurisdiction, or country must be substantially equivalent to the requirements for Michigan licensure, as determined by the Department.

2. An applicant whose records regarding education or experience are unavailable from a foreign country shall be allowed, upon approval of the Department to take the examination upon submitting the following to the Department:
 - a. A notarized affidavit, approved by the Department, stating the total number of years of education received, the name of the school(s) attended, the dates each school was attended, the degree obtained, the courses taken, the grades received, and the names of each former employer, length of each employment and a statement whether the work was full or part-time.
 - b. A notarized statement, approved by the Department, from a government official testifying to the unavailability of the necessary records.
3. Licensing requirements are as follows:

BARBER

- a. Be at least 17 years of age.
- b. Have a tenth grade education or the equivalent.
- c. Complete at least a 2000 hour course of study at a licensed barber college.
- d. Pass an examination approved by the Board and Department.

If you have not completed the training as outline above, licensed work experience as a barber may be substituted for hours of training in a ratio of 100 hours of training for each three months of licensed work experience. Foreign documents must be translated into English and notarized.

BARBER INSTRUCTOR

Sec. 1109. (1) The Department shall issue a license as an instructor to an individual who fulfills all of the following requirements:

- (a) Is a licensed barber with not less than 2 years of experience.

- (b) Except as provided in subsection (2), has completed 1 year of instruction in the teaching of barbering at a licensed barber college or has successfully completed 60 semester hours or 90 term hours in a course of instruction approved by the board at an accredited college or university and has 6 months of instruction in the teaching of barbering at a barber college.
 - (c) Has graduated from high school or has an equivalent education as approved by the Department.
 - (d) Has passed an examination approved by the board and the Department to determine the individual's fitness to practice as an instructor.
 - (e) Is of good moral character.
 - (2) For the purpose of fulfilling the requirements of subsection (1)(b), an individual who has been duly authorized under the laws of another state, jurisdiction, or country to instruct others in barbering may substitute 1 year of experience in barber instruction for the required training. The requirements of subsection (1)(a) and (d) shall not be waived on the basis of prior experience as an instructor.
4. If you have had disciplinary action taken against your license, please complete and submit the Request for Disciplinary Action Information on our website at www.michigan.gov/barbers under the Applicant Information Section.
 5. You will need to complete and return the enclosed **CONSENT TO SERVICE OF PROCESS** form if your mailing address is outside the State of Michigan.
 6. After the Department receives your completed application, a decision will be made concerning your qualifications to take the examination. You will be contacted by mail with that decision and any additional information about the examination.
 7. You should also review a copy of the laws and rules affecting the practice of barbering in Michigan, as the written portion of the State Board Examination will include questions on these laws and rules. A copy may be obtained from our website at www.michigan.gov/barbers under forms and publications.
 8. All licenses expire on September 30 of an odd year. Applicants applying between June 3 of an even numbered year and June 2 of an odd numbered year must submit a fee to cover a one-year license period. Applicants applying between June 3 of an odd numbered year and June 2 of an even numbered year must submit a fee to cover the two-year license period. Twenty dollars (\$20.00) of every payment is a non-refundable application-processing fee. See application for appropriate fee.

You must complete all requirements for licensure within one year from the date of application or 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).

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FOR OFFICE USE ONLY

I.D. Number:

17-01

Effective Date:

Approved By/Date:

OUT-OF-STATE BARBER LICENSE APPLICATION

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

INSTRUCTIONS

- Carefully read and complete this application.
- Make sure you sign the Certification.
- Print legibly in black ink or type your responses.
- Allow approximately 30 days for review once your application has been received by our office.
- You cannot work as a barber in Michigan until you receive your Michigan license.

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?

- Yes - Please download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/barbers and select Forms & Publications. The form must be included to avoid delays in processing your application. No

Have you ever had disciplinary action taken against any license, registration, certificate or permit you now hold or have ever held? (Includes but is not limited to final orders, suspension, revocation, denial, cease and desist order, etc.)

- Yes - Please download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See www.michigan.gov/barbers and select Forms & Publications. The form must be included to avoid delays in processing your application. No

Are any records about you filed under another name? (A maiden name, for example)

- Yes - Give name(s) No

Have you ever been licensed in another state or country?

- No - Provide an original transcript of your cosmetology schooling.
- Yes - Complete the information below. You must also provide a certificate of licensure from the state or country where you first became licensed and where you currently hold a license, if different (see instructions).

Name of Country or State	License Number	Expiration Date
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FEE PAYMENT INFORMATION (Check Appropriate Box)**FOR OFFICE USE ONLY - VALIDATION**

- License by Reciprocity - Even Year Fee: \$50.00 1701-09
 (If you are applying between June 3 of an even numbered year and June 2 of an odd numbered year)
- License by Reciprocity - Odd Year Fee: \$80.00 1701-09
 (If you are applying between June 3 of an odd numbered year and June 2 of an even numbered year)

\$20.00 OF FEES ARE NON-REFUNDABLE

Make your check or money order in U.S. Currency payable to:

STATE OF MICHIGAN

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

EDUCATION					
HIGH SCHOOL	Name of High School			Circle Highest Grade Completed 8 9 10 11 12	
	Location of High School (City, State, Country)				
BARBER SCHOOL	Name of Barber School			School License Number	
	Date of Enrollment		Date of Completion		Hours Completed
	Location of Barber School (City, State, Country)				
TRAINING					
Did your study include theory and practical work in the following subjects?					
History and implements of barber profession			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Safety and sanitation			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Client Services			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Haircut and shave			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Chemical Services			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Skin care, hair and scalp treatments, selling and servicing hairpieces			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Laws, rules and regulations			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Business management			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
WORK EXPERIENCE - List the names of your employers and the date of employment as a barber					
From Month/Year	To Month/Year	Employer (Name and Complete Address)	Shop License Number	Position Held	
CERTIFICATION					
<p>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 Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil, and administrative records.</p>					
Applicant's Signature (Required)			Date of Signature		

You must complete all requirements for licensure 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).