

APPLICATION FOR PERMIT AS A STUDENT IN BARBER COLLEGE

I, _____, being sworn say: That I am a
Resident of _____, County of _____,
State of _____.
Address _____ Or PO Box _____
Zip Code _____ and I am _____ years of age.

That I was born in _____.

That I have completed at least four years of High School education or equivalent and I herewith tender to the Board a certificate or statement to the effect, or I have satisfactorily passed an examination for the purpose of determining that my educational qualifications are the equivalent to four years of high school education and I hereby tender to the Board proof of passing such examination.

High School _____

College _____

Military Status _____

Affiant in connection with this application hereby tenders to the board a photograph of him/her, bearing him/her signature.

I hereby request that the North Dakota State Board of Barber Examiners issue to me a permit to enter Dakota Barber Academy in Fargo, ND as a student for the purpose of qualifying as a barber.

Applicant sign full name here _____.

Subscribed and sworn to before me this _____ day of _____ 20 _____.

Notary Public _____

My Commission expires _____

PHYSICIANS CERTIFICATE

The undersigned, a practicing physician, licensed as such under state law, hereby certifies that he/she has examined _____, the foregoing applicant and finds him or her in good health.

Date _____ Signature _____