



APPLICATION FOR PERMIT AS A STUDENT IN BARBER COLLEGE

I, _____, being sworn say: That I am a resident of _____, county of _____, state of _____.

Address of _____ with a zip code of _____, and am _____ years of age. That I was born in _____.

That I have completed at least from years of High School education or equivalent and I herewith tender the Board a certificate or statement to the effect, of I have satisfactory passed an examination for the purpose of determining that my education 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 his/her signature. I hereby request that the North Dakota State Board of Barbers Examiners issue to me a permit to enter Skill Cutz Barber College in Fargo, ND, as a student for the purpose of qualifying as a Barber.

Applicants Signature _____

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

Notary Public _____

My Commission Expires _____

Notary Seal

PHYSICIANS CERTIFICATE

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

Date _____ **Signature** _____