



BARBER EXAM APPLICATION

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1601

DO NOT WRITE ABOVE THIS LINE

THIS FORM MUST BE TYPED OR PRINTED IN BLACK INK

**Student's
Name**

Last

First

MI

**Physical
Address**
(No PO Boxes)

**Student
Permit**

**Date of
Birth**

STATEMENT OF STUDENT

I certify that I have attended and completed the prescribed course at the licensed barber school/college mentioned below. I also certify that I will comply with all applicable provisions of the Texas Occupations Code, Chapter 1601 & 1603 Barber and Chapter 82 of the administrative rules; the law of the Texas Department of Licensing & Regulation (Texas Occupations Code, Chapter 51); and the rules of the Texas Department of Licensing & Regulation (Texas Administrative Code, Chapter 60). I understand that providing false information on this application may result in the denial of a Barber License.

Printed Student Name

Student Signature

Date

School Name

EXAM TYPE REQUESTED

PLEASE SELECT ONLY ONE EXAM TYPE

CLASS A BARBER (Written only)

must have 1,000 hours in not less than nine months

CLASS A BARBER (Written and/or Practical) must have 1,500 hours in not less than nine months

TEACHER (Written & Practical)

must have 1,000 hours in not less than six months

MANICURIST (Written & Practical)

must have 600 hours in not less than 16 weeks

BARBER TECH (Written & Practical)

must have 300 hours in not less than eight weeks

STATEMENT OF OWNER

I certify that the above named student has completed the entire curriculum as prescribed in the provisions of the Texas Occupations Code, Chapter 1601 Barber and Chapter 82 of the administrative rules; the law of the Texas Department of Licensing & Regulation (Texas Occupations Code, Chapter 51); and the rules of the Texas Department of Licensing & Regulation (Texas Administrative Code, Chapter 60).

Printed Owner Name

Owner Signature

Date