Nova Scotia Registered Barbers' Association
PO BOX #415 Superstore Mall
Lower Sackville, NS
B4C2T2
(782) 774 - 7223

In accordance with the *Nova Scotia Registered Barbers Act 1942* and current By-laws

Make Cheque or Money Order payable to: NSRBA or Nova Scotia Registered Barbers' Association E-Transfer (include full name in message): Treasurer@nsbarbers.ca

APPLICATION FOR BARBER LICENSE

Please Print

Given Names	Last Name
Mailing address (including unit/apt number)	
City Prov Postal Code	
Social Insurance Number ___________---__________---__________	
Telephone (Home)______________________________________ (Bus)____	
Last grade completed ________	

Apprentice Barber ☐	**Registered Barber** ☐
Fees Required (Registration) ($75.00) ($50.00) (License) **TOTAL FEE's $117.00 (CDN)**	
License #	Issue Date
Date of Birth ______________M ______D ___________Y	
Any other names used	
Previous License held ☐ Yes ☐ No # if any :________________________	

Please answer the following questions by checking the one that applies:

1. Are you legally permitted to work or participate in a learning/ apprenticeship program in Canada?..Yes ☐ No ☐
2. Have you held a license in barbering or cosmetology in any other jurisdiction ?…………………………………………… Yes ☐ No ☐
3. Have you applied for a license previously and been denied or let your license lapse?..Yes ☐ No ☐
4. In the past ten years have you ever been convicted of a crime in which the convection has not been annulled or expunged?,,Yes ☐ No ☐

If you have answered yes to any of the questions above please provide details below and attach any supporting documents. Use additional sheets if required.

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EDUCATION INFORMATION	Name of School / University attended	Location of School or University	Date(s) Attended		Course/Diploma
			From	To	

BARBER SCHOOL INFORMATION

Name of School	Course	Hours	Course dates	
			From	To

INFORMATION ON BARBER SHOP FOR APPRENTICESHIP

Name of Barber Shop	Name of barber	City	Shop Phone

We have read and understand that we must follow the rules and regulations of the Board. We further understand that the apprenticeship program is designed for education where the registered or master barber is the instructor and the apprentice is the student. We understand that theory work from the text book must be taught, demonstrations must be provided, and hands-on experience must be performed as part of the apprenticeship program.

Text Book to be used : _____ Publication Date: _____

Has apprentice had any previous hours of apprenticeship? ☐ Yes ☐ No
If yes how many hours? _____

Required Documents
Please attach the following documents with this application:

1. Government issued photo ID, showing date of birth and signature (eg. Driver's License or Passport)

2. Proof of work authorization (if applicable)

- Canadian citizens or permanent residents: Copy of citizenship card, birth certificate or permanent resident card.
- Work/study permit holders: Copy of current valid work permit or study permit with work authorization.

3. Proof of education
(Copy of high school diploma, GED or equivalent)

ADDITIONAL SUPPORTING DOCUMENTS

1. Official transcripts from post-secondary educational institutions attended (barber school, college, etc.)

2. Criminal record documentation (if applicable)
   - Copy of any criminal record suspensions (pardons)
   - Copy of any absolute or conditional discharges
   - Copy of current probation orders

3. Legal name change documentation (if applicable)
   - Official document showing any name change if different from name at birth (eg. Marriage certificate, legal name change certificate)

4. Apprenticeship authorization letter (if applicable)
   - Letter of authorization from the licenced barber under whom you will be apprenticing, confirming their willingness to supervise your apprenticeship training.

CERTIFICATION AND CONSENT OF APPLICATION

AFFIDAVIT OF APPLICANT

I hereby certify that the statements, answers and representations made in this application and in any documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license. I further certify that I have read and will abide by the provisions of the ***Registered Barbers' Act***.

…….. ……
Dated Applicant Signature

CONSENT TO DISCLOSE INFORMATION

CONSENT TO DISCLOSE INFORMATION: I authorize any person, agency of government, professional association or any other organization that may have information that can verify the statements made in this application or any other document made in support of this application regarding, citizenship, criminal history, education and training as a barber or hairdresser to release such information upon request and presentation of this consent, even if the form is a copy and not an original. By this consent I further state that I will hold harmless any person, firm, agency of government, professional association for any information supplied.

…….. ……
Dated Applicant Signature

BOARD OF BARBER EXAMINERS OFFICIAL RECEIPT		
Receipt Number		Received From
Receipt Date		In payment for *License Registrations Fees*
Payment type		Amount Received
Registration Number		Balance due
Approved by :	Initials :	Date :

Hours to be completed : _____h____ Start Date :_____

Additional Comments / Commentaires additionnels: