STOP! PLEASE READ BEFORE YOU BEGIN!

- You must complete all fields, unless they are marked as optional. If you leave any required fields blank, your application will be delayed.
- Please be sure to have the form notarized and make sure it’s legible.
- Send the completed form to the address listed above.
- If you have any questions, please contact us.
- You will take a written exam and a practical exam. The practical exam consists of a shave and a haircut on a live model. After you submit this application, we will notify you of the exam date and time and provide instructions, including requirements for your model.

PERSONAL INFORMATION

Last name: _____________________ First name: _____________ MI: ________
(Optional)

Social Security number: ________________________ Date of birth: _______________
(We’re required by state law to collect your Social Security number)

Address: ______________________________________________________________

Address: ______________________________________________________________

City: __________________ State: ________ ZIP: _______________

Phone (optional): _______________________ Fax (optional): ___________________

Email (optional): ______________________________________________________

What barber school did you attend? ________________________________

When did you graduate from barber school? ______________________________
You must read the Public Notice Statement below and answer the two questions below. Please note that if you answer Yes to the second question, you must submit documentation. **Your application will not be processed without this information.**

1. Have you read and understood the Public Notice Statement below?
   
   [ ] Yes     [ ] No

2. Have you been investigated for employee misclassification?
   
   [ ] Yes     [ ] No

Please note: if you responded Yes to having been investigated for employee misclassification, you must submit the results of the investigation for review.

**Public Notice Statement**

**Required by N. C. Gen. Stat. § 143-789(a)(5)**

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4) (NC Department of Labor), 143-762(a)(3) (Employee Fair Classification Act), 96-1(b)(10) (Employment Security Act), 97-2(2) (Workers' Compensation Act), or 105-163.1(4) (Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee’s employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

**Employee Classification Section**

**North Carolina Industrial Commission**

1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582, Fax: (919)715-0282
Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. N.C. Gen. Stat. § 143-786.

*(THE REMAINDER OF THIS PAGE IS LEFT BLANK INTENTIONALLY)*

**THIS FORM MUST BE NOTARIZED**
FEE

The total fee for the two exams is $170. If you mail this form, please pay by check, cashier check, or money order (no cash). If you hand-deliver this form to our office, you may also pay by credit-card or debit-card (Visa, MasterCard, or Discover).

Have you included the fee with this application? [ ] Yes [ ] No

ATTESTATION

I, ______________________, the applicant, declare that I am the person making this application, that I have read the application in its entirety and understand its contents, and that all the statements made in this application are true and correct.

Applicant’s signature: _______________________________  Date: ______________