



**North Carolina Board of Barber Examiners
REGISTERED BARBER EXAM APPLICATION
(RESTORE LICENSE)**

7001 Mail Service Center, Raleigh, North Carolina 27699-7000
Phone (919) 814-0640 • Fax (919) 981-5068
barbers.nc.gov • barberboard@nc.gov

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 make sure that you also submit the fee listed in the “Fee” section to avoid delaying your application. Without the fee, we will not schedule you for an exam.
- 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.
- Your exam will consist 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? _____

CONTINUED ON THE NEXT PAGE

EMPLOYEE CLASSIFICATION

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*

NOTE: don't send this form to the address on the left. Only use that address to report suspected misclassification. Send this form to the address at the top of the front page.

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.

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FEE

The exam fee is \$85. 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: _____