

STATE BOARD OF BARBER EXAMINERS

Telephone: 717-783-3402
Fax: 717-705-5540
E-mail: ra-barber@pa.gov
Website: www.dos.state.pa.us/barber

Mailing Address:
State Board of Barber Examiners
PO Box 2649
Harrisburg, PA 17105-2649

Courier Address:
State Board of Barber Examiners
2601 North Third Street
Harrisburg, PA 17110

REGISTRATION OF A NEW BARBER STUDENT

REGISTRATION

Students in barber shops must be registered with the Board on this form, in accordance with the requirements as outlined at 49 PA Code §3.71a. Notification must be submitted to the Board **prior** to the student beginning the training. The shop owner is responsible for properly notifying the Board that a student is training in his or her barbershop.

ELIGIBILITY REQUIREMENTS

Every barber student who is training in a licensed barbershop must meet all of the same enrollment requirements (age and education) as students who enroll within a licensed barber school.

It is the responsibility of the training barber manager or barber teacher to ensure that the following information is obtained and on file in the shop before beginning the training of the student.

- Proof that the student is at least 16 years of age
- Proof that the student has completed the minimum of 8th grade education or equivalent (GED). The proof may be on official letterhead stationery from the school attended, a copy of the high school diploma, or a copy of the GED from the Department of Education.

Documentation of the above must be kept within the shop and provided to the Bureau's inspectors or investigators upon request. Daily attendance reports must also be maintained and provided upon request for inspectors and investigators.

◀ REGISTRATION FORM ON THE REVERSE ▶

STATE BOARD OF BARBER EXAMINERS

Telephone: 717-783-3402
Fax: 717-705-5540
E-mail: ra-barber@pa.gov
Website: www.dos.state.pa.us/barber

Mailing Address:
State Board of Barber Examiners
PO Box 2649
Harrisburg, PA 17105-2649

Courier Address:
State Board of Barber Examiners
2601 North Third Street
Harrisburg, PA 17110

STUDENT REGISTRATION FORM

Required: all fields below must be completed

Name of Barbershop: _____

Address of Shop: _____

City

State

Zip Code

Barbershop Phone Number: _____

Barbershop License Number: _____

Provide the name and license number of the individual who will train this barber student:

Name of Barber Manager or
Barber Teacher: _____

License Number of Barber
Manager or Teacher above: _____

Name of Barber Student: _____

Student's Home Address: _____

City

State

Zip Code

Student's Social Security Number: _____

Return to: Pennsylvania Board of Barber Examiners
P. O. Box 2649
Harrisburg, PA 17105-2649