

# STATE BOARD OF BARBER EXAMINERS

Telephone: 833-367-2762  
Fax: 717-705-5540  
E-mail: [ra-barber@pa.gov](mailto:ra-barber@pa.gov)  
Website: [www.dos.pa.gov/barber](http://www.dos.pa.gov/barber)

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

**Physical Address:**  
State Board of Barber Examiners  
2525 N 7th Street, Suite 330  
Harrisburg, PA 17110

## REQUEST FOR CERTIFICATION OF HOURS

A fee of \$35.00, check or money order, payable to “Commonwealth of PA”, must accompany your request for certification of hours. The Board office will research records in an effort to certify your earned hours **ONLY** if you are not licensed and your school or shop is closed. It is important to note that the board office offers certification of hours as a courtesy. There is no requirement by law or regulation that the board office maintain or provide this information. Please note that if a search of board records is made, the \$35.00 fee is the processing fee and is not refundable even in the event hours cannot be found on board records. Prior to 2011, barbershops and barber schools were not required to submit student hours to the Board. Therefore, the board will not be able to certify hours earned prior to 2011.

**If your hours were earned in Pennsylvania and your school or shop is CLOSED:** Complete this form and forward it to the above listed address. While this office will make every effort to locate your hours, this service is contingent upon the availability of records. We do not guarantee the availability of records from any specific time period. Be advised that records prior to 2011 are unavailable. You will be notified if we are unable to locate your hours.

**If your school or shop is OPEN and an out-of-state school or shop or another licensing jurisdiction requires certification of hours through the PA Board:** *Do not complete this form.* You will need to request that the school or shop you attended send a letter to the requesting entity. The letter must be an original letter, on school or shop letterhead, must bear the embossed school or shop seal, and be signed by the school or shop owner or supervisor. The letter must provide your name, address, social security number, number of hours earned, curriculum and dates of attendance. If needed, the State Board can issue a Certification of Licensure for the school or shop with submission of the proper fee and form.

**If you are licensed by the State Board of Barber Examiners.** *Do not complete this form.* If you are licensed, your hours are certified through a “certification of licensure” process. To obtain a certification of your license, submit a written request, clearly printed, providing your name, address, license number, social security number and the address to where the certification is to be mailed. Include a check or money order, payable to “Commonwealth of PA” in the amount of \$15.00.

**COMPLETE THE INFORMATION ON THE  
REVERSE SIDE OF THIS FORM**

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## REQUEST FOR CERTIFICATION OF HOURS

Fee \$35.00

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

Reason for request: \_\_\_\_ To continue education  
 \_\_\_\_ To apply for licensure examination

**Name of School or Shop Attended:**  
 (If school or shop is open, do not use this form. See instruction) \_\_\_\_\_

School or shop license number (if known) \_\_\_\_\_

School or shop address: \_\_\_\_\_

City State Zip

Last Date Attended  
 (if prior to 2011, we may not be able to certify school or shop hours) \_\_\_\_\_

Month Day Year

**Curriculum Enrolled:**

Barber

**Name used at time of Attendance:** \_\_\_\_\_