



**NC Board of Barber and Electrolysis Examiners
BARBER INSTRUCTOR EXAM APPLICATION**
7001 Mail Service Center, Raleigh, North Carolina 27699-7000
Phone (919) 814-0640 • Fax (919) 981-5068
bbee.nc.gov • barbers@nc.gov

STOP! PLEASE READ BEFORE YOU BEGIN!

- **Make sure you keep up with exam dates and results at the Exam Portal on our website. We DO NOT mail notices.**
- This form is for licensed barbers (not apprentice barbers) who wish to become licensed barber school instructors.
- 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.
- 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.
- Send the completed form to the address listed above.
- You will receive instructions by mail with your exam date and information about the exams.
- If you have any questions, please contact us.

PERSONAL INFORMATION

Last name: _____ First name: _____ MI: _____
(Optional)

Address: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone (optional): _____ Fax (optional): _____

Email (optional): _____

What barber school did you attend? _____

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CONTINUED ON THE NEXT PAGE

OTHER IDENTIFYING INFORMATION

IMPORTANT: this information is required, and we cannot process your application without it.

Social Security Number: _____ Date of birth: _____
(We can only accept Social Security Numbers and are prohibited from using Tax Identification Numbers.)

Privacy and security information

Why do we collect this information?

N.C. Gen. Stat. § 93B-14 requires the board to collect and disclose data to the following state agencies:

- Department of Revenue for the purpose of enforcing tax laws; and
- Department of Health and Human Services for the purpose of enforcing child support orders.

How will this information be used?

We only use this data for identification purposes and disclose it only as required by law. Apart from sharing the data with the Department of Revenue and Department of Health and Human Services, we currently also share the data with the Government Data Analytics Center as required by N.C. Gen. Stat. § 143B-1385(c). If the board is required to share data with any other sources not listed above, the board will post a general notice on its website.

How is this information protected?

We follow industry best practices and strict state laws designed to protect your data from unauthorized access, including limiting the number of staff members who have access, protecting data behind firewalls, and encrypting data at rest in and in transit.

The application continues on the next page

The rest of this page is left blank to comply with N.C. Gen. Stat. § 132-1.10(b)(2).

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 total fee for the two exams is \$165. Please pay by check, cashier check, or money order (no cash).

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: _____