



**NC Board of Barber and Electrolysis Examiners  
LICENSED BARBER EXAM APPLICATION—AFFIDAVIT**

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Phone (919) 814-0640 • Fax (919) 981-5068  
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**INSTRUCTIONS TO APPLICANT**

Applicant, please provide your name: \_\_\_\_\_

Please provide this affidavit form to a licensed barber (formerly called registered barber) who supervised you during your apprenticeship. If that licensed barber supervised you for fewer than 12 months, you should complete additional affidavits as necessary to provide evidence that you completed a 12-month apprenticeship. **If you need additional copies of the form, please copy this form, go to [barbers.nc.gov/forms.html](http://barbers.nc.gov/forms.html), or contact us.**

**AFFIDAVIT (to be completed by supervising licensed barber)**

This affidavit must be completed by a licensed barber who can verify that the applicant has served as an apprentice.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
(Optional)

License number: \_\_\_\_\_

I, \_\_\_\_\_, the supervising licensed barber, declare that the applicant has served as an apprentice barber under my supervision for the dates listed below:

**Start:** \_\_\_\_\_ , \_\_\_\_\_ **End:** \_\_\_\_\_ , \_\_\_\_\_  
(month) (year) (month) (year)

Licensed barber's signature: \_\_\_\_\_

**STATE OF** \_\_\_\_\_

County of \_\_\_\_\_ Notary signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires on: \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**