



**NC Board of Barber and Electrolysis Examiners**  
**LICENSED BARBER 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 individuals who have completed an apprenticeship and wish to become licensed barbers (formerly called registered barbers).
- 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 documents listed in the "Additional Documents" section to avoid delaying your application. Without the fee and the affidavit(s) showing that you completed a 12-month apprenticeship, we will not schedule you for an exam.
- Send the completed form to the address listed above.
- After you submit this application, we will notify you of the exam date and time and provide instructions.
- 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? \_\_\_\_\_

When did you graduate from barber school? \_\_\_\_\_

**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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## ADDITIONAL REQUIREMENTS

In addition to this application, please submit the following items. **They are required**, so if you don't submit them, we won't be able to process your application.

### Affidavit(s)

You must submit one or more affidavits from the supervising licensed barber or barbers (formerly called registered barbers). We have provided you with a blank form. If you need more, you may copy the blank form, download it from [www.bbee.nc.gov](http://www.bbee.nc.gov), or contact us.

- If you completed 12 months of apprenticeship under one supervising licensed barber, you only need one affidavit.
- If you completed your apprenticeship with less than one year under each supervising licensed barber, you'll need to submit multiple affidavits. Taken together, the affidavits must provide evidence that you completed at least 12 months as an apprentice barber.

Have you included the affidavit(s) with this application?  Yes  No

### Fee

The exam fee is \$85. Please pay by check, cashier check, or money order (no cash) made out to NC Board of Barber and Electrolysis Examiners.

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: \_\_\_\_\_