

## WYOMING BOARD OF BARBER EXAMINERS

2515 WARREN AVENUE, SUITE 302  
CHEYENNE, WY 82002  
307-777-8572

### Examination Requirements and Procedures

**All examination applications must be complete and received by the deadline for the examination date**

#### Requirements:

- Must have graduated from a Barber school recognized by the State and have equal or greater than the amount of hours required by Wyoming or already hold a license but not meet the requirements listed above
- Be able to provide the Board office with certification of licensure, or certification of hours from the state you are coming from (If the State does not certify school hours, you must submit a notarized copy of your school transcripts and have the licensing body verify your schools license or certification)

#### Procedures:

1. Complete and return to the Board office the notarized license application along with;
  - a. Copy of current license (if licensed)
  - b. Copy of Government issued ID
  - c. Copy of Social Security Card
  - d. Copy of Proof of Lawful Presence (acceptable documentation listed below)
  - e. Examination Fee (**money order or cashier check only**)
2. Request all Certifications of licensure or hours be sent to the Wyoming Board office

\*Contact the Board office for dates and location of exams

#### **PROOF OF LAWFUL PRESENCE MUST BE INCLUDED WITH THIS APPLICATION**

The Federal Government requires our office to have a copy of 'Proof of Lawful Presence' on file for every licensee. The following list is considered acceptable documentation for proof of lawful presence.

- A photo copy of a certified birth certificate (not a hospital document) issued in or by a city, county, state, or government entity within the United States or its outlying possessions.
- A photo copy of a U.S. certificated of birth abroad (FS-545, DS-135) or a report of birth abroad of a U.S. citizen (FS-240)
- A photo copy of a birth certificate or passport issued from: Puerto Rico, on or before January 13, 1941; Guam, on or after April 10, 1898; U.S. Virgin Islands, on or after February 25, 1927; Northern Mariana Islands on after November 4, 1986; American Samoa; Swain's Island; or District of Columbia.
- A photo copy of a U.S. passport
- A photo copy of a certificate of naturalization
- A photo copy of a certificate of citizenship
- A photo copy of a U.S. citizen identification card
- A photo copy of an individual fee registration receipt (form G-711) that shows that the person has filed application for a new naturalization or citizenship paper (form N-565)
- A photo copy of any other document which establishes a U.S. place of birth or indicates U.S. citizenship.

**For Office Use Only:**

License Type \_\_\_\_\_

Date of Original License \_\_\_\_\_

License Number \_\_\_\_\_

**WYOMING BOARD OF BARBER EXAMINERS**

2515 Warren Ave., Suite 302, Cheyenne WY, 82002  
(307) 777-8572

**EXAM APPLICATION**

*\*Refer to the Qualifications, Requirements, and Procedures to apply for the Wyoming Written and Practical Exams*

**Examination Fees:**

- **Must be submitted in the form of Money Order or Cashier's Check Only**

Examination Fee	\$125.00	Instructor Examination Fee	\$100.00
License Fee	<u>\$ 60.00</u>	License Fee	<u>\$100.00</u>
<b>TOTAL</b>	<b>\$185.00</b>	<b>TOTAL</b>	<b>\$200.00</b>

TYPE OF EXAM APPLYING FOR: BARBER \_\_\_\_\_ BARBER/STYLIST \_\_\_\_\_ BARBER INSTRUCTOR \_\_\_\_\_ BARBER/STYLIST INSTRUCTOR \_\_\_\_\_

NAME IN FULL \_\_\_\_\_ ( \_\_\_\_\_ )

CURRENT MAILING ADDRESS: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
(Please notify the office of any change)

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MALE ( ) FEMALE ( ) EMAIL ADDRESS \_\_\_\_\_

LICENSED: YES \_\_\_\_\_ NO \_\_\_\_\_ STATE(S) LICENSED IN \_\_\_\_\_ STUDENT: YES \_\_\_\_\_ NO \_\_\_\_\_ STATE HOURS IN \_\_\_\_\_

***You must have your license before you become engaged in any practice regulated by the State of Wyoming and it must be posted at your place of employment.***

1. Has any state(s) rejected your application or disciplined, restricted, revoked or suspended your license? Yes \_\_\_\_\_ No \_\_\_\_\_
  2. Have you ever voluntarily surrendered your license in order to avoid disciplinary action by any regulatory agency? Yes \_\_\_\_\_ No \_\_\_\_\_
  3. Have you ever been convicted of any felony? Yes \_\_\_\_\_ No \_\_\_\_\_
  4. Do you now use, or within the last five (5) years have you used, alcoholic beverages habitually to excess? Yes \_\_\_\_\_ No \_\_\_\_\_
  5. Do you now use, or within the last five (5) years have you used hallucinogenics, barbiturates, narcotics of any controlled substance habitually to excess? Yes \_\_\_\_\_ No \_\_\_\_\_
- (If you answered 'Yes' to any of the above questions, please attach a detailed explanation including state(s) and outcome)

**AFFIDAVIT AND NOTARIZATION**

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

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

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF LICENSEE  
(Must Be Witnessed by a Notary)

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

NOTARY SEAL

SIGNATURE \_\_\_\_\_  
NOTARY PUBLIC \_\_\_\_\_ EXPIRES \_\_\_\_\_