

**WYOMING BOARD OF BARBER EXAMINERS**  
2515 Warren Avenue, Suite 302, Cheyenne, WY 82002  
Phone (307) 777-8572 Fax (307) 777-3681

**RENEWAL FORM FOR PERSONAL LICENSES**

RENEWAL FEE: \$60.00 FOR PERSONAL LICENSE (1 YEARS) \$30.00 LATE FEE AFTER JUNE 30<sup>TH</sup>

NAME \_\_\_\_\_ ( \_\_\_\_\_ )  
FIRST LAST LIST ALL PREVIOUS NAMES

HOME MAILING ADDRESS CITY STATE ZIP

BIRTH DATE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ LAST 4 DIGITS OF SOCIAL SECURITY # \_\_\_\_\_  
(REQUIRED FOR RENEWAL SYSTEM) (FOR LICENSE VERIFICATION ONLY)

PHONE \_\_\_\_\_ Email \_\_\_\_\_

We receive requests for mailing lists from industry members who have a desire to mail information of interest to licensees; may we include your name?  
Yes ( ) No ( )

**Since your last renewal:**

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 or any controlled substance habitually to excess? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Licensee \_\_\_\_\_

\*acceptable form of payment: personal check, cashier's check, money order, or you may complete the form below for debit or credit card payment.

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*For Board Use Only:* Date Processed: \_\_\_\_\_  
Amount Processed: \_\_\_\_\_  
Authorization Code: \_\_\_\_\_

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The following information will be shredded after processed.

**A processing fee of \$4.00 will be charged for credit card use.**

Indicate card using: | Card Number \_\_\_\_\_ CVVC Code \_\_\_\_\_ (on back of card)  
[ ] VISA | Expiration Date \_\_\_\_\_ Phone # (307) \_\_\_\_\_  
[ ] MASTERCARD | Name on Card \_\_\_\_\_  
[ ] DISCOVER | Billing Address \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_