

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

Temporary License Application

Temporary License fee \$75.00 (this license is valid through the next barber exam date)

(Temporary licenses are valid only through date of next exam following the issue date of this license)

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 _____

School _____ Graduation date _____

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.

For Board Use Only:

Date Processed: _____

Amount Processed: _____

Authorization Code: _____

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 _____