

STATE BOARD OF BARBER EXAMINERS

Telephone: 833-367-2762
Fax: 717-705-5540
E-mail: ra-barber@pa.gov
Website: www.dos.pa.gov/barber

Mailing Address:
State Board of Barber Examiners
PO Box 2649
Harrisburg, PA 17105-2649

Physical Address:
State Board of Barber Examiners
2525 N 7th Street, Suite 330
Harrisburg, PA 17110

REGISTRATION OF A NEW BARBER STUDENT

REGISTRATION

Students in barber shops must be registered with the Board on this form, before beginning barber training, in accordance with the requirements as outlined at 49 PA Code §3.71a. Notification must be submitted to the Board **prior** to the student beginning the training. The shop owner is responsible for properly notifying the Board that a student is training in his or her barbershop. *It is recommended that you retain a copy of the completed registration form (reverse) as part of the student records.*

ELIGIBILITY REQUIREMENTS

Every barber student who is training in a licensed barbershop must meet all of the same enrollment requirements (age and education) as students who enroll within a licensed barber school.

It is the responsibility of the training barber manager or barber teacher to ensure that the following information is obtained and on file in the shop before beginning the training of the student.

- Proof that the student is at least 16 years of age
- Proof that the student has completed the minimum of 8th grade education or equivalent (GED). The proof may be on official letterhead stationery from the school attended, a copy of the high school diploma, or a copy of the GED from the Department of Education.

Documentation of the above must be kept within the shop and provided to the Bureau's inspectors or investigators upon request. Daily attendance reports must also be maintained and provided upon request for inspectors and investigators. These documents must be maintained for a minimum of 5 years, beginning with the date when the student studies in the shop. If the shop is closed within this 5-year period, the student's file shall be forwarded to the Board, and the student shall be so notified by the shop.

◀ REGISTRATION FORM ON THE REVERSE ▶

STATE BOARD OF BARBER EXAMINERS

Telephone: 833-367-2762
Fax: 717-705-5540
E-mail: ra-barber@pa.gov
Website: www.dos.pa.gov/barber

Mailing Address:
State Board of Barber Examiners
PO Box 2649
Harrisburg, PA 17105-2649

Physical Address:
State Board of Barber Examiners
2525 N 7th Street, Suite 330
Harrisburg, PA 17110

BARBER STUDENT REGISTRATION FORM

Required: all fields below must be completed

Name of Barbershop: _____

Address of Shop: _____

City State Zip Code

Barbershop Phone Number: _____

Barbershop License Number: _____

Start Date: _____

(NOTE: Student cannot start training until after this registration form is submitted to the Board!)

Name of Barber Student: _____

Student's Home Address: _____

City State Zip Code

Student's Social Security Number: _____

Provide the name and license number of the individual who will train this barber student:

**Name of Barber Manager or
Barber Teacher:** _____

License Number of Barber
Manager or Teacher above: _____

Return to: Pennsylvania Board of Barber Examiners
P. O. Box 2649
Harrisburg, PA 17105-2649