

STATE BOARD OF BARBER EXAMINERS

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 State Board of Barber
 Examiners
 2601 North Third Street
 Harrisburg, PA 17110

QUARTERLY HOUR REPORTS FOR STUDENTS

****This form is only to be used when reporting hours from previous quarters. Current hours must be reported in PALS.****

INSTRUCTIONS

1. All information must be typed or clearly handwritten.
2. All barber schools and shops that train student barbers are required to submit a quarterly hour report to the State Board of Barber Examiners by January 15, April 15, July 15 and October 15.
3. Each report must contain an alphabetical listing of all students who earned hours in that curriculum during the quarter. Computer print-outs are acceptable provided all student information as shown on the report is included, and provided the print-outs are on 8½" by 11" paper.
4. If submitting computer print-outs, one Board report form must be included to be used as a cover sheet, properly signed and notarized.

School or Shop Name:	School or Shop License #		
School or Shop Address:			
QUARTER (check applicable block)			
<input type="checkbox"/> Jan., Feb., Mar. YEAR: _____	<input type="checkbox"/> Apr., May, June YEAR: _____	<input type="checkbox"/> July, Aug., Sept. YEAR: _____	<input type="checkbox"/> Oct., Nov., Dec. YEAR: _____

TEACHER OR MANAGER BARBER NAMES AND LICENSE NUMBERS: Note: If you are including more than one Board report form or computer print outs, please provide each teacher's name and license number only once. Do not repeat names and license numbers on subsequent documents.

Teacher/Manager Name	License Number	Teacher/Manager Name	License Number

Student Name	Social Security Number	Initial Date of Enrollment	Cosmetology crossover hours (if applicable)	Total Previous Hours	Hours Earned this Quarter	Total Hours Earned To-Date

Affidavit
 State of _____)
 County of _____)

Before me the subscriber personally appeared _____ to me known, who being duly sworn according to law, does depose and say that by signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911. Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.

Sworn to and subscribed before me this
 _____ day of _____,

 Signature - School or Shop Owner

 Signature - Barber Teacher or Manager Barber

 Notary Public's Signature

 License Number - Barber Teacher or Manager Barber