



## Barber Operator Application

*Read the instructions carefully before completing the application. Incomplete applications will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application or supporting documentation may be deemed sufficient reason to deny a license, or, if a license is issued could result in the suspension or revocation of a license.*

### What does the “practice of barbering” cover?

The *practice of barbering* means providing for a fee (or any consideration) the following services upon the head of a human being:

- shaving or trimming the beard or cutting hair;
- giving facial or scalp massage with oils, creams, lotions or other preparations, either by hand or mechanical appliances;
- singeing, shampooing, arranging, dressing or dyeing hair or applying hair tonic; and
- applying cosmetic preparations, antiseptics, powders, oils, clays or lotions to scalp, face or neck.

You must obtain a license to practice barbering in New York State. A license to practice barbering does *not* allow you to operate a business. A separate Barber Shop license is needed to operate a business.

### What qualifications do I need for licensure?

If you are at least 17 years old, you may apply for a **Barber** license based on an **apprenticeship, education, experience** or **reciprocity**.

**All applicants must complete a one time course** of study regarding “the transmission of contagious diseases and the proper methods of sanitation and sterilization to be employed in barber shops.” The course must be approved by the Education Department and original proof of course completion must be submitted with this application.

- 1) **Apprenticeship** — To apply for a license based on an apprenticeship, you must have worked as a NYS-registered barber apprentice under the supervision of a NYS-licensed barber for two years. That barber must complete and sign the **Affirmation of Supervising Licensed Barber** section of the application form. After we review and approve your application, we will schedule you for a practical examination.
- 2) **Education** — To apply for a license based on education, you must complete a barber course in a NYS-approved school and have the school director complete and sign the **Affirmation of New York State Approved School** section of the application form. After we review and approve your application, we will schedule you for a practical examination. Call the New York State Education Department at (518) 474-3969 for information about proprietary (private) schools or at (518) 486-1547 for public schools.
- 3) **Experience** — You must have at least three years of experience in the practice of barbering in another state or country to apply

for a license based on experience. Submit an original dated certification from the state board through which you are licensed and two **Experience Statements** (available on our website). After we review and verify your experience and approve your application, we will schedule you for a practical examination.

- 4) **Reciprocity** — Because of the similarity in license standards in Maine, New Mexico and Pennsylvania, we will waive the NYS practical exam requirement if you supply an original certificate (with raised seal) from one of those states, along with your application and fee.
- 5) **Previous New York State Licensure** — An individual who fails to file an application and fee for renewal within five years of the expiration date cited on the individual’s license shall be ineligible for such license until he/she passes a practical examination. Proof of previous licensure may be required.

### What are the fees and terms of licensure?

The application fee is \$40. Your license will be valid for four years.

All applicants (except those who qualify under reciprocity) must take and pass a practical examination. A \$15 exam fee is required for each exam taken and will be collected at the exam site.

### What forms of payment do you accept?

You may pay by check or money order made payable to the Department of State or by MasterCard or Visa, using a credit card authorization form. Do not send cash. **Application fees are nonrefundable.** A \$20 fee will be charged for any check returned by your bank.

### Do I need a physical to be licensed?

Yes. You need to be examined by a physician or physician’s assistant to apply for a license in Barbering. Your **physician or physician’s assistant** must complete and date the **Health Certification** section of the application. You must submit your application within 30 days after it is signed.

### Do I need to complete the Child Support Statement section of the application?

Yes, a Child Support Statement is mandatory in New York State (General Obligations Law). The law requires you to complete this section — regardless of whether or not you have children or any support obligation.

**Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver’s licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

**PRIVACY NOTIFICATION**

**Do I need to provide my Social Security and Federal ID numbers on the application?**

Yes. The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

A S E R P

\_\_\_\_\_

\_\_\_\_\_

\$40

NYS Department of State  
DIVISION OF LICENSING SERVICES  
P.O. Box 22001  
Albany, NY 12201-2001  
Customer Service: (518) 474-4429  
www.dos.ny.gov

# Barber Operator Application

**Read the instructions before completing this application. You must answer each question and PRINT responses in ink.**

I am applying for licensure based on ("✓" only ONE):

\_\_\_\_\_ Apprenticeship    \_\_\_\_\_ Education    \_\_\_\_\_ Experience    \_\_\_\_\_ Reciprocity    \_\_\_\_\_ Previous NYS Barber License  
UID # \_\_\_\_\_

APPLICANT'S NAME (LAST, FIRST, MI, SUFFIX)

APPLICANT'S HOME ADDRESS -NUMBER AND STREET (P.O. BOX MAY BE ADDED TO ENSURE DELIVERY)

\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4

\_\_\_\_\_ COUNTY \_\_\_\_\_ DAYTIME PHONE (OPTIONAL; if problem with application)

\_\_\_\_\_ SOCIAL SECURITY NUMBER (SEE PRIVACY NOTIFICATION) \_\_\_\_\_ FEDERAL I.D. NUMBER (SEE PRIVACY NOTIFICATION)

\_\_\_\_\_ E-MAIL ADDRESS (IF ANY)

## Background Data

1. What is your date of birth? \_\_\_\_\_
2. Have you ever been issued either a New York State Barber license or Apprentice Barber registration? . . . . YES or NO  
 → IF "YES," check appropriate box and give dates:
 

<input type="checkbox"/> Barber license	From _____	To _____	UID # _____	
<input type="checkbox"/> Apprentice Barber registration	From _____	To _____	UID # _____	
3. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony? . . . . YES or NO  
 → IF "YES," submit a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint) and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must provide a copy of same.
4. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? . . . . YES or NO  
 → IF "YES," you must provide a copy of the accusatory instrument (e.g., indictment, criminal information or complaint).
5. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied? . . . . YES or NO  
 → IF "YES," you must provide all relevant documents, including the agency determination, if any.
6. Have you lawfully practiced barbering outside New York State for three years or more? . . . . YES or NO
7. Have you graduated from a New York State approved school of barbering? . . . . YES or NO  
 → IF "YES," you must have the "Affirmation of New York State Approved School" section of this application completed by your school director.
8. Have you completed an approved infection control course? . . . . YES or NO  
 → (Note: You are required to complete this course and must attach the original course completion certificate with this application unless previously submitted with an apprentice application.)

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**Practical Exam Centers — Select an examination center\* from the following list.** You will be scheduled for a practical examination at the earliest possible opportunity. **\*Please be advised that if the examination center you have selected is no longer available, is backlogged or unavailable for any other reason, you will be scheduled and required to take the practical examination at another one of our examination centers.**

Check (✓) the city in which you wish to take your practical examination:

\_\_\_\_\_ Albany                  \_\_\_\_\_ Rochester                  \_\_\_\_\_ New York City                  \_\_\_\_\_ Long Island

**Affirmation of Supervising Licensed Barber (Have this completed by your supervising barber only if you are applying based on Apprenticeship)**

I, the undersigned, subscribe and affirm under the penalties of perjury, that the named applicant practiced as a registered apprentice barber under my supervision and direction during the time period indicated and while I was duly licensed as a barber under provisions of the General Business Law (Article 28).

NAME OF SUPERVISING BARBER (Print/Type) \_\_\_\_\_

UNIQUE ID NUMBER OF SUPERVISING BARBER  
(Your unique ID number is found in the upper left corner of your license.) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Apprenticeship Dates

From \_\_\_\_\_ From \_\_\_\_\_ From \_\_\_\_\_  
To \_\_\_\_\_ To \_\_\_\_\_ To \_\_\_\_\_

**Health Certification — You must submit this application within 30 days after your physical examination.**

I, \_\_\_\_\_, a duly licensed physician [ ] or duly licensed physician's assistant [ ], hereby state that in the course of a routine examination of \_\_\_\_\_, (Name of Applicant) I found no clinical evidence of the presence of infectious or communicable disease which would pose a significant risk or direct threat to the health or safety of members of the public in the conduct of his or her occupation.

Physician's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\* Signature of a Nurse Practitioner is not acceptable

**Affirmation of New York State Approved School Only — To be completed by school director/principal.**

SCHOOL NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL DIRECTOR'S OR PRINCIPAL'S NAME, IN FULL (PRINT) \_\_\_\_\_

APPLICANT'S NAME (PRINT) \_\_\_\_\_

I subscribe and affirm under the penalties of perjury that the above-named school is duly licensed pursuant to §5001 of the Education Law and/or approved by the Board of Regents of the State of New York. The applicant, \_\_\_\_\_, successfully completed an approved course of instruction of training in said school on (date) \_\_\_\_\_.

Signature of School Director/Principal \_\_\_\_\_

Date \_\_\_\_\_

School Seal

**Child Support Statement** — *You must complete this section. If you do not complete it, your application will be returned.*

“X” A or B, below

I, the undersigned, do hereby certify that (You *must* “X” A or B, below):

- A.  **I am not under obligation to pay child support.** (SKIP “B” and go directly to **Applicant Affirmation**).
- B.  I am under obligation to pay child support (You must “X” any of the four statements below that are true and apply to you):
  - I do *not* owe four or more months of child support payments.
  - I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
  - My child support obligation is the subject of a pending court proceeding.
  - I receive public assistance or supplemental social security income.

**Applicant Affirmation** — I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read and understand the provisions of Article 28 of the General Business Law and the rules and regulations promulgated thereunder.

*Applicant’s Signature*

**X** \_\_\_\_\_

*Date* \_\_\_\_\_

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**Please remember to include with this form any required explanations and your application fee of \$40 (payable to NYS Department of State) —  
A \$20 fee will be charged for any check returned by a bank.**

**If you wish to pay by credit card, please visit our website at [www.dos.ny.gov](http://www.dos.ny.gov) to obtain a credit authorization form to complete and return with this application.**

It is important that you notify this division of any changes to your residential address so you can receive renewal notices and any other notifications pertinent to your license.

**NOTE:** Please familiarize yourself with exam expectations by visiting our website.