

OHIO STATE BARBER BOARD

77 S. HIGH ST.
16TH FL.
COLUMBUS, OH 43215-6108
TELEPHONE 614-466-5003

I.D. NO. _____
Amount _____
Date Posted _____
Control No. _____
License No. _____
Date Issued _____

(office use only)

RECIPROCITY APPLICATION

<p>**IMPORTANT NOTICE** (Print in Ink or Type)</p> <ul style="list-style-type: none"> • Application will <u>not</u> be processed if <u>incomplete</u> • \$300.00 Application Fee - <u>Certified Check or Money Order Only</u> • NO REFUNDS AFTER APPLICATION HAS BEEN PROCESSED

Full Name (Last) (First) (Middle Initial)

Address (Number & Street) (City) (County) (State) (Zip)

Address **if relocating** (Number & Street) (City) (State) (Zip)

Place of Birth	Date of Birth	Social Security No.	Home Phone No.	Male <input type="checkbox"/>	Female <input type="checkbox"/>
----------------	---------------	---------------------	----------------	----------------------------------	------------------------------------

1. I am a legal resident of the State of _____, I have lived in the State of _____ from _____ to _____
(Month/Day/Year) (Month/Day/Year)

2. I have attended _____ located at _____
(Name of School) (City & State)
and I am submitting **PROOF OF AT LEAST AN EIGHTH GRADE EDUCATION** as required by Chapter 4709 of the Ohio Revised Code.
If you cannot answer question #2, explain in detail the extent of your general education:

3. I Graduated from _____ Barber School in _____, _____, with a total of _____ hours.
(City) (State)

4. Have you ever made application to this Board, prior to this application? Yes No

5. I have a current Barber License (or Certificate) number _____
issued by the State of _____, and I have practiced as a licensed
barber from _____ to _____. (List complete dates)

6. Have you ever been convicted of a felony? Yes No

If "yes": _____
(Date) (City) (County) (State)
If your answer is YES, Furnish a certified copy of court record of conviction

7. Are you a registered sex offender? Yes No

If "yes": _____
(Date) (City) (County) (State)
If your answer is YES, Furnish a certified copy of court record of conviction

8. Do you have an infectious or contagious disease? Yes No

9. Do you now use, or have you ever used any habit-forming drugs that are
prohibited by State or Federal laws? Yes No

If yes please explain: _____

APPLICANTS SIGNATURE: _____

Sworn to and subscribed before me, a Notary Public in and

for _____ County, State of _____ on this _____ day of
_____ 20_____

NOTARY
SEAL

Signature of Notary: _____

NOTICE: Completion of this form is required by Chapter 4709 of the Ohio Revised Code.