

MONEY ORDER OR CERTIFIED  
CHECK ONLY. NO REFUNDS  
AFTER APPLICATION HAS  
BEEN PROCESSED.

I.D. NO. \_\_\_\_\_

AMOUNT \_\_\_\_\_

DATE POSTED \_\_\_\_\_  
DUE PAID

CONTROL NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

DATE ISSUED \_\_\_\_\_  
(OFFICE USE ONLY)

**BARBER TEACHER RESTORATION APPLICATION**

1. FULL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

2. HOME ADDRESS \_\_\_\_\_  
(Number) (Street) (Apt. No.)

\_\_\_\_\_  
(City) (County) (State) (Zip)

3. SOCIAL SECURITY NO. \_\_\_\_\_.

4. SHOP NAME (IF EMPLOYED) \_\_\_\_\_

5. SHOP ADDRESS \_\_\_\_\_

6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ DATE \_\_\_\_\_  
(SUBMIT COPY OF COURT CONVICTION.)

7. HAVE YOU EVER USED ANY HABIT-FORMING DRUGS THAT ARE PROHIBITED BY  
STATE OR FEDERAL LAWS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF "YES" EXPLAIN ON BACK.

7. DO YOU HAVE ANY CONTAGIOUS, INFECTIOUS OR COMMUNICABLE DISEASES?  
YES \_\_\_\_\_ NO \_\_\_\_\_

APPLICANT'S 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