

Registered Barber Examination Application

Submit a complete application and payment by mail or in person to the address listed above. Incomplete applications will be returned for corrections, which will delay processing of the application. The board requires the following:

- ☐ A complete application must be received by the Board with all required documents before the 20th day of the month before the examination. If the 20th falls on a weekend, ensure the board receives your application on or before the last working day before the 20th day.
- ☐ Prior to the board accepting your application, the board must have received an affidavit of completed hours from your barber school. You must complete the full 1,500 hour barber school curriculum to be eligible to apply for an examination.
- ☐ If applying for a practical examination, enclose a fee of \$80.00. (Check or Money Order – Payable to “MBBE”)

Applicant Information Collection and Use

The information provided with this application will be used by the Board to assess your qualifications for licensure. It may also be used to determine whether you have violated any statutes or rules the Board is empowered to enforce. You are not required to complete this application, but if you fail to do so, the Board will be unable to process it. If the information provided shows a violation of any statutes or rules enforced by the Board, you may be subject to disciplinary action by the Board including the assessment of civil penalties. Using fraud or deception to obtain a registration may be a basis for denial or other disciplinary action.

Minnesota Statutes § 270C.72, subd. 4 requires applicants to provide their social security numbers or individual taxpayer identification numbers. Upon the Minnesota Department of Revenue’s request, the Board must provide it with a list of all applicants, including their name, address, and social security number or individual taxpayer identification number. The Department of Revenue may order the Board to revoke or not issue the license of any applicant who has not filed tax returns or is delinquent in paying taxes.

Except for an individual applicant’s name and address, application information on individuals is private data while the application is pending. But in circumstances authorized or required by law, the information may be disclosed to others, including the Attorney General’s Office, the Minnesota Department of Revenue, the state or legislative auditor, persons contacted for purpose of verification or investigation, and persons who obtain a court order to receive the information. After issuance of a license, the information provided, except your social security number and any non-designated addresses becomes public data and may be released to anyone upon request. Information provided on this application that is not on an individual is, in general, public.

Applicant Information

Last Name	First Name	Middle Initial
Address		Apartment/Suite Number
City	State	Zip Code
Date of Birth	Telephone Number	
E-mail Address (Please print LARGE and CLEAR as all exam instructions are sent via e-mail)		

Examination dates are scheduled at the Board's final board meeting of each year and can be found on the bottom main page of the Board's website. <https://mn.gov/boards/barber-examiners/>

☐ I wish to apply for the written examination scheduled to take place on _____

☐ I wish to apply for the practical examination scheduled to take place on _____

☐ I have enclosed the practical examination fee of \$80.00. The board accepts check or money order, paid to the order of MBBE.

Examination Information

After the application deadline, you will receive examination instructions from the following e-mail address: **bbe.board@state.mn.us** Please enter this e-mail address into your contacts as a safe contact. Expect to receive instructions after the deadline for application. If you do not receive instructions contact the board office for examination instructions. Check your SPAM folder if needed.

Examination Accommodations

Applicants with documented disabilities may receive reasonable accommodations to complete the examination. It is your responsibility to request accommodations at the time of application. Accommodations may include but are not limited to: Additional time to complete the written portion of the exam or a reader to read the examination. You must supply documentation for accommodation, such as special education records or a current disability evaluation. Please inform the Board of your need for accommodations and submit documentation with this application.

Language Interpreter

Applicants with English as a second language may have a language interpreter to assist them during the examination. It is your responsibility to request an interpreter if needed. You must provide your own interpreter and all interpreters must be approved by the Board, cannot be family members or barbers, and must be on the State Roster of Interpreters through Minnesota Courts or Department of Health. If you need an interpreter please inform the Board when you apply for the examination. Spanish copies of the written examination are available. Please let the board know during application if you would prefer to use a Spanish copy.

CERTIFICATION OF APPLICANT

I certify that I have read and understand the information provided above and that the information I have provided within is true and correct.

Signature of Applicant

Date

This document is available in alternative formats to individuals with disabilities by calling 651-201-2820 or through the Minnesota Relay Service at 1-800-627-3529.
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