

## Written Only Retake Application

Written retakes are given on the first Monday of March, June, and December and the second Monday of September unless otherwise announced.

Written only retake is available **ONLY ONE TIME** per examination.

### Application Requirements:

- Application fee of \$10.00 by check or money order made payable to the Minnesota Barber Board. The Board will no longer accept cash payments after August 1, 2020.
- Completed Application and fee must be received by the Board with all required documents and full payment before the 20<sup>th</sup> day of the month before the examination. If the 20<sup>th</sup> falls on a weekend the application is due on the Friday before.

### Applicant Information Collection and Use

The information you provide on this application will be used by the Minnesota Board of Barber Examiners to determine eligibility for barber examination and license registration. You are not legally obligated to provide this information. If you do not provide the information, the Board may be unable to process your application and it may be denied.

When you are licensed all information provided in the application process, with the exceptions of your Social Security Number, phone number, and e-mail address, will become public information pursuant to Minnesota Statute Chapter 13.

Pursuant to Minnesota Statutes 604.113 and 609.535, the Minnesota Board of Barber Examiners is authorized to charge a service fee of \$30.00 for any check that is returned for nonpayment.

### **APPLICANT INFORMATION**

Last Name	First Name	Middle Initial
Address		Telephone Number
City	State	Zip Code
Date of Birth / /		E-mail address
Date of previous examination where all parts of the examination except the written were passed. / /		

Applying for: March\_\_\_\_\_ June\_\_\_\_\_ September\_\_\_\_\_ December\_\_\_\_\_

**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 a need 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.

**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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
County

My Commission Expires:\_\_\_\_\_