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Barber Verification Request Form

Please fill out this form completely to ensure delivery to the proper agency. Return completed form to the Minnesota Barber Board at the above address.

\$25.00 fee required by check or money order made payable to the Minnesota Barber Board. Online applications are paid for by credit card. The Board does not accept payment by phone. Effective August 1, 2020, the Board no longer accepts cash.

BARBER INFORMATION

Last Name	First Name	Middle Initial
Address		Barber License Number
City	State	Zip
Date of Birth / /	Phone	Email Address

VERIFICATION TO BE SENT TO:

Verification will be sent directly to the State/Country Agency you indicate below:

Agency Name		
Agency Address		Agency Phone
City	State	Zip

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.

An Affirmative Action/Equal Opportunity Employer

Explanation of your rights and permission to release private data:

I, _____ [name of individual data subject], give my permission for the Minnesota Board of Barber Examiners (“MBBE”) to release data about me to the **State or Country Agency** you indicated above.

I understand that I have asked MBBE to release my data to the organization named above.

I understand that some or all of the data I have asked MBBE to release may be classified as private under the Minnesota Government Data Practices Act (Minnesota Statutes, chapter 13). Private data may only be accessed by the data subject and persons authorized by the data subject, except as allowed by law.

I understand that although some or all of the data are private at MBBE, the way these data are classified or treated by the **State or Country Agency** indicated above will depend on the laws and policies or policies that apply to that **State or Country Agency**.

This permission to release expires on this date: _____.

CERTIFICATION OF APPLICANT

I certify that the information included within this application is true and correct. I also certify that this document has not been altered or changed in any manner from the form adopted by the Minnesota Board of Barber Examiners.

Signature of Applicant

Date

Subscribed and sworn before me this _____ day of _____, 20____.

By _____.
Printed Name of Applicant

Notary Seal

Signature of Notary Public

County: _____

My Commission Expires: _____