



# Minnesota Board of Barber Examiners

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 Office e-mail: bbe.board@state.mn.us Board Website: www.barbers.state.mn.us

## 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**

### BARBER INFORMATION

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

### VERIFICATION TO BE SENT TO:

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

State 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.*

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