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Laura Kelly, Governor

## **APPLICATION FOR TEMPORARY LICENSE**

Date:		
To Each Barber College Gradu	ıate	
	ty. Otherwise, th	mporary license, you <b>must provide the</b> e form will be considered incomplete, and a
Graduate's Name:		
Graduate's Phone Number:		Email:
Graduate's Address: Street or P.O	Box #	
City:	State:	Zip Code:
Name of Shop/Salon:		
Shop/Salon Owner:		
Shop/Salon Phone Number:		
Shop/Salon Address Street:		Suite
City:	State:	Zip Code:
Barber Shop License Number:		
Supervising Barber License Number	r:	
Supervising Barber Signature:		
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**Note:** After graduation, you may apply for your first temporary license. When you apply to take your barber examination, **if for any reason you fail the practical portion, you will not be able to apply for another temporary license.** 

Please note, that there is a limit of only THREE temporary licenses allowed per candidate.