



DEPARTMENT OF COMMERCE AND INSURANCE
 TENNESSEE STATE BOARD OF BARBER EXAMINERS
 500 JAMES ROBERTSON PARKWAY
 NASHVILLE, TN 37243-1148
 (615) 741-2294

ATTACH

PHOTO

APPLICATION FOR MASTER BARBER LICENSE WITH MILITARY EXPERIENCE

A copy of your DD-214 must be submitted with this application. It must show your Military Occupational Specialty (MOS) as a barber for at least two (2) years. A \$150.00 fee must accompany this application.

T N B O A R D	FILE NUMBER	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
	XACT NUMBER	

PLEASE COMPLETE THE FOLLOWING AND HAVE NOTARIZED:

<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p style="text-align: center;">SOCIAL SECURITY NUMBER</p>			
NAME:	LAST	FIRST	SECOND
RESIDENCE:	Street		
City	State	ZIP	Telephone ()
DATE of BIRTH	Month Day Year	NAME OF HIGH SCHOOL	STATE GRADE COMPLETED

N O T A R Y	STATE OF _____ ---ss:
	I hereby swear or affirm that the statements on this form are true and accurate to the best of my knowledge and belief.
	_____ Signature of Applicant
	Subscribed in my presence and sworn before me, this _____ day of _____
	My commission expires _____
	Notary Public