



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF BARBERS AND HAIRDRESSERS
P.O. Box 110806, Juneau, Alaska 99811-0806
333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801-0806
Telephone: (907) 465-2547 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ

STUDENT ENROLLMENT APPLICATION FORM

Student Enrollment Forms must be submitted to the division **within 30 days** after the enrollment date. NO more than 300 hours of credit will be given before the date the student permit application is submitted to the division. Schools must verify that students have the required student permit.

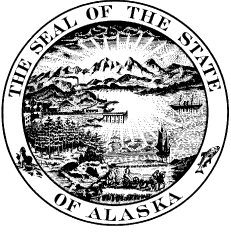
Students wishing to receive “instructor” training must have at least one year of practice before beginning training. Please contact the division to receive the required work verification form needed to verify the one year of practice.

Student Withdrawal Forms must be received within 20 working days after termination. The form must verify the total number and types of operations completed by the student, as well as the total number of hours attained by the student while in school. The information provided on this form is subject to audit.

When a student has completed the required hours and practical operations of training, the student must submit an application for examination. The completed application must be received by the examination application deadline date and include the required fees, and the student must have all training hours on file with the division by the deadline date. Applications received after the deadline date or that do not include the required documentation will not be accepted for examination.

Examination and deadline dates can be located at www.commerce.state.ak.us/occ/pbah.htm or contact the division at (907) 465-2547 to receive a list of examination dates.

The Student Permit expires 30 days after the student is notified in writing of passage of the examination. After passing the exam, and until 30 days after notice of passage, a student may practice under the student permit, **but only under the supervision of a licensed practitioner in the same field.**



Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
BOARD OF BARBERS AND HAIRDRESSERS
 P.O. Box 110806, Juneau, Alaska 99811-0806
 333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801-0806
 Telephone: (907) 465-2547 ★ Fax: (907) 465-2974
 E-mail: license@alaska.gov
 Website: www.commerce.state.ak.us/occ

STUDENT ENROLLMENT APPLICATION FORM

Hairdresser Barber Esthetician Student Instructor (*See work experience below)

Reenrollment: Previous Number of Hours Earned: _____

Transfer From: _____

Total Number of Hours: _____

➔ **\$50 Permit Fee for Barbers and Hairdressers**
\$25 Permit Fee for Estheticians
 (Make payment payable to the State of Alaska)

Student's Full Name (PRINT): _____
Last First Middle

Mailing Address: _____
Address City State ZIP Code

Student's Social Security Number: _____ Sex: M F

Telephone Number: _____ Date of Birth: _____

Enrollment Date: _____

Name of School Now Attending: _____

Address: _____
City State Zip Code

*STUDENT INSTRUCTORS – Do you have one year of work experience?

Yes (verification attached) No (you must have one year of work experience before you can enroll as a student instructor)

Work Experience:

 Name of Shop Address Dates of Employment

 Name of Shop Address Dates of Employment

➔ _____ ➔ _____
Student's Signature **Instructor's Signature**

Date: _____ Date: _____

NOTE: A student who has interrupted his or her schooling for a continuous period of two years or more will not be allowed credit hours of instruction received before the date of interruption.

Transfer students from a state other than Alaska must submit a certified or notarized copy of their prior records.



Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
BOARD OF BARBERS AND HAIRDRESSERS
 P.O. Box 110806, Juneau, Alaska 99811-0806
 333 Willoughby Avenue, 9th Floor, Juneau, Alaska 99801-0806
 Telephone: (907) 465-2547 ★ Fax: (907) 465-2974
 E-mail: license@alaska.gov
 Website: www.commerce.state.ak.us/occ

VERIFICATION OF WORK EXPERIENCE

Applicant: Complete the top section of this form and have your present or former employer complete this form if you need to receive credit for working experience when applying to enroll in student instructor training. If you were self-employed, an individual who has direct personal knowledge of your work experience hours while you were self-employed may sign this form certifying your work experience as a hairdresser or barber. Please attach to student enrollment form (#08-4192).

Please have the person verifying your work experience mail this form to the above address.

Applicant Signature: _____

Printed Name: _____

Address: _____

PLEASE DO NOT DETACH. The information below must be completed by a former employer. Please mail directly to the State of Alaska.

_____ (Applicant's Name)

was employed at the _____ (Name of Shop)

Mailing Address: _____

Dates of Employment: From _____ To _____
 Month Day Year Month Day Year
 From _____ To _____
 Month Day Year Month Day Year

Average Number of Hours Worked Per Week _____

Position as: Practitioner of barbering
 Practitioner of hairdressing Other _____

How are/were you associated with the applicant? _____

Your daytime telephone number: _____

I certify that the above information is true and correct to the best of my knowledge.

_____ Signature

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of _____,
 this _____ day of _____, _____.

_____ Notary Public

SEAL

My Commission Expires: _____