## DUPLICATE APPLICATION

## Kentucky Board of Barbering 9114 Leesgate Rd., Suite 6 Louisville, KY 40222-5055

BARBER LICENSE NUMBER		PROBATIONARY LICENSE NUMBER			Renewal Fee \$
Name	Home Phone				By
A diduose					date
AddressNumber and Street	City	County		Zip	Restoration Fee \$
Shop Name(Required)					By
Shop Address(Required)					date Renewal Period June 1 to July 31 Late fee \$25.00 after July 31
Number and Street		City	County	Zip	
(KHEAA). Failure to complete thi	s form will result in you tanding between KHEAA I loans with KHEAA.	not be in defaul ur license/renew and the Kentucky	al being denied by th	financial loans with Kene Kentucky Board of equires applicants for lice	entucky Higher Education Assistance Authority <b>Barbering pursuant to KRS 164.772(3)</b> (eff. ensing to certify to the Board that he or she is not
			•		tucky Higher Education Assistance Authority.  ky Higher Education Assistance Authority.
I understand that if I am in arrears or license to practice as an Apprentice/B					igher Education Assistance Authority, my
ignature			Name (please print)		
Date			Social Security Number		
	L d E d I D	1 CD 1 .	1 1/1 11	/ 1 1 37	1

This form <u>must be signed and returned to</u> the Kentucky Board of Barbering along with your license/renewal application. <u>Your application will not be processed until this signed and dated form is received</u>. Licenses purchased by check will be held 10 working days for clearance.