



STATE BOARD OF COSMETOLOGY AND BARBER EXAMINERS

500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
(615) 741-2515 Fax: (615) 741-1310

Website: <http://www.tn.gov/commerce/boards/cosmo/>

INSTRUCTIONS: PLEASE READ PRIOR TO COMPLETION OF APPLICATION

This application should be completed ONLY by the following applicants:

- Reinstatement of Tennessee Barber Licensure expired for three (3) or more years; or
- Students who completed education in an out of state school, college or university, but have never tested and/or have never been issued licensure.

1. Applicant Information:

- Check type of application Original or Reinstatement
- Check Applicable Category/Type of Licensure being sought
- Complete all information requested under Applicant Information and provide the following required documentation:
 1. Copy of certified High School transcript, or GED;
 2. Copy of Driver's License or birth certificate; and
 3. Copy of Social Security card.
 4. If you are upgrading to an instructor license, you must mail back your existing license.
- **NOTICE: If you do not provide an email address:**
 - The Board and PSI, the testing vendor for Tennessee, will correspond with you via regular mail.
 - Please allow additional mail time for documents to reach you and to schedule your test.
 - **Please Note:** email improves licensing time and allows you to test 7 to 14 days faster.

2. Educational Information:

- Complete all boxes listed under Educational Information
- **PLEASE NOTE: If Barber hours were completed in another State:**
 - I. Certification from that State must be sent directly to the Tennessee Board office addressed as follows: State Board of Cosmetology and Barber Examiners, 500 James Robertson Parkway, Nashville, TN 37243; or
 - II. Certified Transcript of educational from school is acceptable as substitute if state Board does not certify hours.

3. Questions:

- Answer Yes or No to Questions 1-5 and provide additional information if necessary.
- **PLEASE NOTE: If answering Yes to questions 3 or 4, include with your application the following documents:**
 1. Letter of recommendation from school administrator or instructor.
 2. Cover sheet explaining each offense, date of offense, place, charge and action taken.
 3. If disciplinary action was previously taken, submit letter explaining relevant details.

4. Mail the completed application with all required documentation to:

State Board of Cosmetology and Barber Examiners
500 James Robertson Parkway Nashville, TN 37243

IMPORTANT NOTICE: please look for email or correspondence letting you know your application has been approved and you can schedule your exam at: <https://candidate.psiexams.com/index.jsp>

KEEP THIS SHEET WITH YOUR FILE FOR FUTURE REFERENCE – DO NOT SEND WITH APPLICATION.

- Original Application Form - All blanks must be completed with the appropriate information for processing.
- Sign and Date the Application – make a copy for your files before sending to the Board Office.
- Include all the necessary documents to support your application.



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APPLICATION FOR LICENSE

Type of License: Original Tennessee License Reinstatement of Tennessee License
(Check Applicable Category of Licensure)

<input type="checkbox"/> MASTER BARBER	<input type="checkbox"/> TECHNICIAN	<input type="checkbox"/> INSTRUCTOR
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1. Applicant Information:

Social Security Number: <input type="text"/>			
Name: _____ Last (Maiden/Other) First Middle			
Email _____			
Street Address: _____			
City: _____		State: _____	Zip: _____
Phone: _____	Date of Birth: ____/____/____		Age _____ (attach proof of age)

2. Educational Information:

Name of High School Attended _____		Highest Grade Completed _____
High School Address _____		G.E.D. Test Score _____
Name of Barber School attended for largest percent of hours _____		
Address _____		Phone _____
Name of other Cosmetology School attended _____		

3. Questions:

1.	___ Yes ___ No	HAVE YOU EVER TAKEN OR APPLIED FOR THIS EXAMINATION IN TN BEFORE? If yes, when? _____
2.	___ Yes ___ No	HAVE YOU EVER HELD A BARBER, TECHNICIAN, OR INSTRUCTORS LICENSE IN TENNESSEE OR IN ANY OTHER STATE? If yes, list the State and License Number? State: _____ License Number: _____
3.	___ Yes ___ No	HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN AGAINST YOU BY ANY STATE BOARD OF BARBER EXAMINERS? (If yes, see instructions)
4.	___ Yes ___ No	HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST THREE (3) YEARS? If yes, see instructions)
5.	___ Yes ___ No	ARE YOU A UNITED STATES CITIZEN?
6.	___ Yes ___ No	DO YOU HAVE A GREEN CARD/PASSPORT

I hereby submit my application for license in the State of Tennessee under the Barber Laws outlined in Tennessee Code Annotated Title 62, Chapter 3 and certify that the information and documentation provided as a part of this application is true and correct. I am aware it is unlawful for me to practice barber services until I take and pass the required examination and obtain my license.

Applicant Signature: _____ Date: _____