



## APPLICATION FOR REINSTATEMENT OF BARBER PROFESSIONAL LICENSE

237 Coliseum Drive - Macon, Georgia 31217  
Phone (478) 207-2440

License holders are required to be familiar with the Georgia law and Board rules governing the practice of Barber, Barber II, Barber Instructor.  
Visit the Board's website for information:

<http://sos.ga.gov/index.php/licensing/plb/16>

**\*\*\* IMPORTANT \*\*\***

The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year. Furthermore, because application information is time sensitive, documents cannot be transferred from old applications to new applications.

### APPLICATION CHECKLIST

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application. We recommend you keep a copy of your application for your records.

- NON-REFUNDABLE APPLICATION FEE: \$200.00** The payment must be made by check or money order payable to the Georgia State Board of Cosmetology and Barbers. **DO NOT SEND CASH OR COUNTER CHECKS.** Checks returned for insufficient funds are subject to a \$30.00 service charge pursuant to O.C. G.A. § 16-9-20.
- NOTARIZED APPLICATION:** The complete application must be mailed to the Board's office at the address listed above, along with your **FEE**. Sign the application in the presence of a notary.
- SECURE AND VERIFIABLE DOCUMENT (SVD)** – Enclosed is a copy such as my Driver's License, Passport, or other document **OR** a copy of my current immigration document(s) which includes either my Alien number or I-94 number and SEVIS number if needed. Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 issued August 1, 2011 by the Office of the Attorney General, Georgia:  
The list of secure and verifiable documents, published under the authority of The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") on the Department of Law's website pursuant to O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>
- SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE** – **DO NOT STAPLE** pages or check/money order. Do not fold pages of the application. Make check/money order payable to Georgia State Board of Cosmetology and Barbers submit to 237 Coliseum Drive, Macon, GA 31217. We recommend using US Mail or private courier (UPS, FedEx, etc.) with tracking. Keep a copy of your application for your records.

Your application will not be processed until this information is received and reviewed by the Board.

**DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION**



GEORGIA STATE BOARD *of*  
**COSMETOLOGY AND BARBERS**  
 237 Coliseum Drive • Macon, GA 31217  
 Phone (478) 207-2440  
[www.sos.ga.gov/plb/cosmetology](http://www.sos.ga.gov/plb/cosmetology)

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

**APPLICATION FOR REINSTATEMENT OF  
 BARBER INDIVIDUAL PROFESSIONAL LICENSE  
 \$200 Application Fee (non-refundable)**

**Check One:**

**Master Barber**  
 **Barber II**

**Barber Instructor**

**License Number:** \_\_\_\_\_  
 (Attach copy of license)

**Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards):**

1. Legal Name to appear on License: \_\_\_\_\_  
LAST FIRST MIDDLE

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

\_\_\_\_\_ LAST FIRST MIDDLE MAIDEN

3. Social Security # <sup>1</sup>: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: 

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<sup>1</sup>This information is authorized to be obtained & disclosed to state & federal agencies pursuant to O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

4. Gender:  Male  Female

5. Residential Address:

PHYSICAL ADDRESS - NUMBER AND STREET NAME REQUIRED (P.O. BOX NOT ACCEPTABLE) APT #

\_\_\_\_\_ 

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 STATE \_\_\_\_\_ - \_\_\_\_\_ 

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 ZIP \_\_\_\_\_ 

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 APT # \_\_\_\_\_

6. Mailing <sup>2</sup> Address:

(P.O. BOX ACCEPTABLE) <sup>2</sup>O.C.G.A. §43-1-2 (k) Your name, mailing address and license number are public information and will appear on Secretary of State's website

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 STATE \_\_\_\_\_ - \_\_\_\_\_ 

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 ZIP \_\_\_\_\_ 

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 APT # \_\_\_\_\_

7. Daytime Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. E-mail Address <sup>3</sup>: **(Please print clearly)** \_\_\_\_\_

**<sup>3</sup>Acknowledgement of your application will be sent to your email. If further information is needed, Board staff will contact you by email so that your application can be processed in the most efficient manner. Your email will not be shared with third parties**

**PREVIOUS DISCIPLINARY AND CRIMINAL ARREST INFORMATION**

**Applicants Must Answer ALL 5 Questions Below:**

**This application will be returned if you do not answer the questions on this page.**

9. **Since the date you last renewed, or the date your license was issued if you have never renewed**, have you been **arrested or convicted** of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding or verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). **NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.**

No  Yes 

If you answered "Yes" to the question regarding arrest/court convictions, you must submit the following to the Board:

- (a) Submit a letter of explanation and certified copy of final court disposition from the county(s) in which you were arrested/convicted. The court document should include the charges and sentencing information.
- (b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed, submit certified documents from the courts verifying case closed and completion of probation / parole.

10. **Since the date you last renewed, or the date your license was issued if you have never renewed, has any other** licensing board or agency in Georgia or **any other** state:

No  Yes   
 No  Yes   
 No  Yes   
 No  Yes 

- (a) Denied your application for licensure, renewal, or reinstatement?
- (b) Revoked, suspended, restricted, sanctioned, or probated your license?
- (d) Reprimanded, fined, or disciplined you?
- (c) Requested or accepted surrender of your license?

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board. Provide the name of the agency or board in the space provided:

\_\_\_\_\_  
Name of State Board or Agency



NOTARIZED SIGNATURE BY BARBER REINSTATEMENT APPLICANT

APPLICANT AFFIDAVIT

12. APPLICANT AFFIDAVIT

Check One:

Master Barber

Barber Instructor

Barber II

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Cosmetology and Barbers and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate (Check or initial beside #1 or #2 below):

- 1) I am a United States citizen least 17 years of age or older. You must submit a copy of your current photo ID or Secure and Verifiable Document(s) such as driver's license, passport, or other document.
2) I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. You must submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

The undersigned applicant also hereby verifies that he or she is at least 17 years of age or older and has enclosed at least one form of acceptable identification such as a Secure and Verifiable Document as required by O.C.G.A. § 50-36-1(e)(1), with this Affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Print Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF, 20

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:

O.C.G.A. §45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized. NOTARY SEAL