

Name _____ File# _____
 SS# _____ TDL# _____ Exp Date _____ License Fee _____
 Street _____ Late Penalty (if any) _____ years X \$30 each Penalties _____
 City _____ Form Replacement Fee _____
 State _____ Zip _____ Date of Birth _____ TOTAL _____

NOTE: INCOMPLETE OR INCORRECT RENEWALS WILL BE RETURNED & A \$10 FEE CHARGED

**FILL OUT THE
 INFORMATION DIRECTLY
 ABOVE AS THIS IS
 WHERE YOUR LICENSE
 WILL BE MAILED**



**SEND MONEY ORDER
 OR CASHIER'S CHECK
 -NO-
 PERSONAL CHECKS**

TEXAS STATE BOARD OF BARBER EXAMINERS
 5717 Balcones Dr. Ste 217
 Austin, Texas 78731
 1-512-458-0111

PHYSICIAN'S STATEMENT

I HEREBY CERTIFY THAT I HAVE THIS DAY EXAMINED _____ and, as
 borne out by history and examination found him/her free from infectious or contagious diseases.

 Signature (Doctor of Medicine or Osteopathic Medicine) Date

 Physician's Address

 City State Zip (A/C)+Phone #

THE STATE OF TEXAS
COUNTY OF _____

Before me, the undersigned authority, personally appeared _____ to me well
 known and who, after being by me sworn, deposes and says that he/she is the person examined by the above physician,
 that he/she is the person making application to the Board of Barber Examiners for a certificate of registration to practice
 barbering within the State, and further, that all statements made in connection with and as part of the above medical
 examination and any and all conditions attested to herein are true and correct in every respect.

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, YR _____

 Notary Public in and for the State of Texas

My Commission Expires: _____