



500 James Robertson Parkway
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FOR OFFICE USE ONLY

LICENSE TYPE: 1301

TRANSACTION TYPE : 800

FILE NUMBER _____

ENTITY NUMBER _____

APPLICATION NUMBER _____

AMOUNT PAID _____

BARBER: STUDENT HOURS CERTIFICATION (FEE \$25.00)

Please submit this form with the required twenty-five dollar (\$25.00) fee and the board office will process your certification and send it directly to the desired location listed below*.

FULL NAME:	
LIST ANY PREVIOUS NAMES USED:	
SOCIAL SECURITY NUMBER:	
STREET ADDRESS:	
CITY, STATE, ZIP CODE:	
SCHOOL ATTENDED:	
DATES OF SCHOOL ATTENDANCE:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
SEND CERTIFICATION TO: (Provide the name and address of the State or School where you need the certification sent.)	

NOTE: ORIGINAL CERTIFICATION OF HOURS WILL BE MAILED TO SCHOOL OR INDIVIDUAL AS REQUESTED ABOVE. ALL REQUESTS TO STATE BOARDS ARE SENT VIA EMAIL. (THE BOARD WILL EMAIL YOU A COPY IF YOU PROVIDE YOUR EMAIL ABOVE)