Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
Telephone: (517) 241-9288 www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR BARBER INSTRUCTOR NEW, RELICENSURE, OR RECIPROCAL (OUT-OF-STATE) LICENSE

AUTHORITY: 1980 PA 299, MCL 338.3434a, and 42 USC 654

Name (First, Middle, Last)	U.S. Social Security Number	Permanent ID # (if applicable)

Address	City	State	Zip Code

Telephone Number	E-mail Address

If you answer "yes" to this question, you must complete and submit the Request for Conviction History form AND submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

Have you ever been convicted of a felony you have not previously reported to the department for this license type of occupation?

☐ Yes ☐ No

Do you have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction? (relicensure only)

☐ Yes ☐ No

Did you graduate from high school or have an equivalent education as approved by the department?

☐ Yes ☐ No

Required Additional Documents

- Copy of your current barber license and barber instructor license (if applicable) issued by another jurisdiction or verification of completion of education requirements pursuant to MCL 339.1109(1)(b) or 339.1109(2).
- If requesting a fee waiver as an individual who served in the armed forces - form DD214, DD215, or any other form acceptable to the Department that demonstrates you were separated from service with an honorable character of service or under honorable conditions (general) character of service.

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434a.

Signature _____ Date _____

CHECK THE LICENSE TYPE		
☐ New Barber Instructor - Veteran (see required additional documents)	Fee Waived	
If you are applying between June 3 of **EVEN** year through June 2 of **ODD** year:		
☐ New Barber Instructor	$60.00	1701-55
☐ Reciprocal Barber Instructor	$60.00	1701-54
☐ Relicensure	$80.00	1701-53
If you are applying between June 3 of **ODD** year through June 2 of **EVEN** year:		
☐ New Barber Instructor	$100.00	1701-55
☐ Reciprocal Barber Instructor	$100.00	1701-54
☐ Relicensure	$120.00	1701-53

Make your check or money order in U.S. Currency payable to:

STATE OF MICHIGAN

FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.

FOR OFFICE USE ONLY	
License Number	Issue Date

LARA/BPL-BARBERINSTOOS (Rev. 11/16)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.