



# MARYLAND BARBER EXAMINATION ELIGIBILITY REGISTRATION FORM

Complete all required portions. Incomplete or unsigned applications will be returned. Mail the form with the appropriate fee and letter of eligibility to:

PSI Services LLC  
Attn: MD BARBER  
3210 E Tropicana  
Las Vegas, NV 89121  
Or email to mdcosapp@psionline.com

## PORTION ONE - GENERAL INFORMATION

Last Name	Full First Name	Full Middle Name	Suffix (Jr., III, etc.)
Maiden Name/Former Surname (Attach legal documentation, i.e., marriage certificate)			Social Security Number
Date of Birth (MO/DATE/YEAR) ____/____/____		Place of Birth	
Residence Address (Your address of legal residence is required. Your ID and address must match.)			
City	State	Zip Code	County
Cell Phone Number (including area code) (____) _____ - _____		Other Phone Number (including area code) (____) _____ - _____	
Email Address		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
What is the highest level of school that you completed (please circle one):		1 2 3 4 5 6 7 8 9 10 11 12+	
Indicate the name of the last high school, trade school, college or university you attended.			Dates attended From: _____ To: _____
Registration Number, Apprenticeship Number, or License Number if applicable (attach copy of license)			
Are you a US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been licensed for this profession in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, indicate state registration number, type of license and year issued.			
Have you taken this examination in the state of Maryland? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I attest that the information contained in this form is true and accurate, to the best of my knowledge.			
Candidate Signature: _____		Date: _____	

## PORTION TWO - EXAMINATION SELECTION AND PAYMENT

Barber	Master Barber	Barber Stylist	Examination Fee
<input type="checkbox"/> Practical and Theory		<input type="checkbox"/> Practical and Theory	\$77
<input type="checkbox"/> Practical Only		<input type="checkbox"/> Practical Only	\$47
<input type="checkbox"/> Theory Only	<input type="checkbox"/> Theory Only	<input type="checkbox"/> Theory Only	\$47

EXAMINATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE. THE EXAMINATION FEE IS VALID FOR ONE YEAR FROM THE DATE OF PAYMENT.

You may pay for both your theory and practical examination at the same time to receive a discount, however, you will not be allowed to schedule your practical examination until you have submitted all documentation of completion of the full 1200 hours of instruction.

You may pay by credit card, company check, cashier's check or money order. Make check or money order payable to PSI and note your name on it.

If paying by credit card, check one:  VISA  MasterCard  American Express  Discover

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Verification No: \_\_\_\_\_ *The card verification number may be located on the back of the card (the last three digits on the signature strip) or on the front of the card (the four digits to the right and above the card account number).*

Billing Street Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Cardholder Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**PORTION THREE - CERTIFICATION OF TRAINING AND VERIFICATION OF EXPERIENCE**

<b>Student Training</b> Must be completed and signed by your instructor or the school director and notarized. This portion may be completed and submitted in place of the Student Record Form or Certificate of Completion	
Name of School	Course of Study
Street Address	Number of Course Hours Completed
City State Zip Code	School Identification Number
Dates of Attendance From: _____ To: _____	Notary or School Seal in this section.
Affidavit of Director or Instructor  I do hereby affirm under penalty of perjury that the applicant has successfully completed the course of study in a Barber School approved by the Maryland Higher Education Commission or the Maryland State Department of Education for the number of hours and the duration of training as indicated above.  Name of Director or Instructor: _____ <div style="text-align: center;">                         _____                          Printed                           _____                          Signature                     </div>	
License number: _____ Date: _____	

<b>Apprentice Training Certification</b> Must be completed and signed by the licensed supervisor	
<b>Affidavit of Licensed Supervisor</b>  I do hereby affirm under penalty of perjury that the applicant has been in training under my supervision in a licensed salon for the period of time indicated below, to which I have affixed my signature and license number..	
Name of Shop	Permit Number
Street Address	Phone Number
City State Zip Code	Dates of Training From: _____ To: _____
Printed Name of Licensed Supervisor	
Signature of Licensed Supervisor	License Number

