

Application for Temporary Permit - BARBER Read "Requirements & Instructions" before completing this form. Only approved applicants for exam and license will be eligible for a temporary permit.			FOR OFFICIAL USE ONLY	Permit No.	Eff. Date
				J-	Exp. Date
Legal Name (First, Middle) _____ (Last) _____				Mailed: _____	
Residence Address (Include apt. no., city, state & zip code) - REQUIRED					
Mailing Address (ONLY if different from above)					
Social Security No.	Phone No. (days) Res: Bus:	Month and Year of the Exam you intend to register for:			

Check answers and give details when required:

1. Are you aware that the temporary permit is a privilege to train and work while the applicant is awaiting the examination? YES NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
 (If "NO", read the Important Notice form.)
 Be advised that you will NOT be issued a temporary permit if you are not a U.S. citizen, U.S. national, or alien authorized to work in the U.S.
3. Are you aware that you are required to apply for and qualify for the examination in order to be eligible for a temporary permit? YES NO
4. Are you aware that once issued, the temporary permit is valid for four (4) examinations scheduled by the Board (approx. 1 year), in which time the applicant is required to take and pass the examination? YES NO
5. Are you aware that after a temporary permit has been in force for this 4-examination period, that the permit is **NOT EXTENDED OR REISSUED**, and that you are required to register as an apprentice and train for 6 months before you are eligible to apply for the examination again? YES NO
6. For this reason, are you aware that the Board encourages you, once approved for examination, to register with the testing agency and take the first available and all subsequent examinations? YES NO

Affidavit of Applicant:

I hereby certify that the statements, answers, and representations made in this application are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license/permit and is a misdemeanor (Section 710-1017, and Sections 436B-19 and 439-19, Hawaii Revised Statutes). I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 438 and Hawaii Administrative Rules, Chapter 16-73.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.