



**North Carolina Board of Barber Examiners  
CHANGE OF MANAGERS FOR BARBER SHOP**

7001 Mail Service Center, Raleigh, North Carolina 27699-7000  
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**STOP! PLEASE READ BEFORE YOU BEGIN!**

- There is NO FEE for this form
- You must file this form within 30 days of a change in barber-shop managers
- Please be sure to have the form notarized and make sure it's legible
- Send the completed form to the address or email listed above
- If you have any questions, please contact us

**SHOP INFORMATION**

**1. Current name of barber shop.** Please provide the name of the barber shop.

\_\_\_\_\_

**2. New name of barber shop.** If you are changing the name of the barber shop, please provide the new name. (If you aren't changing the name, leave this field blank.)

\_\_\_\_\_

**3. Shop license number.** \_\_\_\_\_

**4. Shop mailing address.** Please indicate the current mailing address for the shop. If you have a change in physical address, please complete a new shop application form (available on our website or by calling our office).

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**5. Other contact information.** We encourage you to provide up-to-date telephone, fax, or email information, if available.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**REGISTERED BARBER MANAGER**

**6. New manager.** Please indicate the name and license number of the person who will be the new manager. This individual must be a registered barber with a current license from our board.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

License number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**7.** Does the new manager currently manage another shop? [ ] Yes [ ] No

**8.** If you answered "Yes" to question 7, please indicate the shop name and address:

\_\_\_\_\_

**9. Old manager's name and license number.** Please indicate the name and license number of the former manager (if the change has already occurred) or the current manager who will be replaced.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

License number: \_\_\_\_\_

**10.** Was this barber shop closed when you submitted this application? [ ] Yes [ ] No

**11.** If you answered "Yes" to question 10, please indicate closing date. \_\_\_\_\_

I, \_\_\_\_\_, the registered barber, declare that I shall have full control of the operation of the barber shop and will be fully responsible for the shop operations, I will comply with all laws regulating barber shops and barbers, and I will notify the Board of Barber Examiners and return the shop permit if I no longer manage the shop.

Manager signature: \_\_\_\_\_

**STATE OF NORTH CAROLINA**

County of \_\_\_\_\_ Notary signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires on: \_\_\_\_\_