



**FORM C**

**THE PUBLIC HEALTH ACT**

***Application for License to operate as a Barber or Trainee Barber***

Name of applicant: .....

Address: .....

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Date of birth: .....

Gender: .....

Educational qualifications: .....

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Type of license for which application is made: .....

Number of years experience.....

Name of employer (if employed) .....

Business address.....

Amount of fee paid: .....

Date of medical examination.....



**FOR OFFICIAL USE ONLY**

**Documents submitted:**

1.....

2.....

3.....

4.....

License Number: .....

Fees paid: .....

Recommendation .....

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