

**FORM G**

**THE PUBLIC HEALTH ACT**

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

TRN: .....

Name of Applicant: .....

Address: .....

Email Address: .....

Date of Birth: .....

Gender: Male  Female  Unspecified

Telephone Number(s) (Landline): ..... (Mobile).....

Education Qualification: .....

Type of Licence for which application for renewal is now made: .....

Number of year (s) experience: .....

Name of Employer/ Business Name (if employed): .....

Business Address: .....

Date Licence was granted: .....

Was Licence suspended: YES  NO

If yes, state the reason(s) for suspension; date of suspension and date of withdrawal of suspension .....

Date: ..... Signature: .....

---

**FOR OFFICIAL USE ONLY**

**Documents Submitted:**

1. ....

2. ....

3. ....

New  Renewal  Trainee

Licence Number: ..... Fee Paid: .....

Recommendation(s): .....

Printed name of Authorized Officer: .....

**Date**

**Signature of Authorized Officer**

Copy of payment receipt

Copy of proof of Business address