



MISSISSIPPI BOARD OF BARBER EXAMINERS

SCHOOL CHANGE APPLICATION

Type of Application: _____ Change of Lead Instructor
 _____ Change of Instructor(s)
 _____ Change of Manager
 _____ Change in Operational Calendar

NOTE: ANY CHANGE IN OWNERSHIP OR LOCATION REQUIRES A NEW APPLICATION – FORM MBBE.03. A SCHOOL LICENSE IS NON-TRANSFERRABLE [73-5-35]

School Name					
School License Number					
Who Will Provide Direct Supervision to the Students					
Name of New Lead Instructor					Effective Date
Registration Number	Expiration		Active		
Provide Name and Licensing Information for All Persons Who Will Instruct in the Proposed School (1 instructor required for every 25 students based on average daily attendance or portion thereof (Rule 1.3.D))					
Name	Registration Number	Expiration	Active	Begin Employment	Employment Terminated

Proposed Operating Schedule								
Day of Week	Breaks	Lunch	Day Classes			Night Classes		
PRACTICAL			Time Schedule		Instructor	Time Schedule		Instructor
			Begin	End		Begin	End	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Day of Week	Breaks	Lunch	Day Classes			Night Classes		
THEORY			Time Schedule		Instructor	Time Schedule		Instructor
			Begin	End		Begin	End	
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								

Signature

Date Change Requested

FOR OFFICE USE ONLY

Date Change Entered Into Database	
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