

FORM A  
THE PUBLIC HEALTH ACT  
*Application for Licence to operate as a Barber or Trainee Barber*

**Name of Applicant:** .....

**Home Address:** .....

.....

**Contact number:** .....

**Date of Birth:** .....

**Gender:** .....

**Educational Qualification:** .....

.....

**Type of Licence for which application is made:** .....

**Name of employer (If employed)**  
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**Business address:** .....

**Name of barbershop:** .....

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**Amount of fee paid:** .....

**Date of Medical Examination:** .....

**Date:** .....      **Applicant Signature:** .....

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**FOR OFFICIAL USE ONLY**

**Documents Submitted:**

1. Public Health Permit.....
2. TRN.....
3. I.D.....
4. Certificate [ ]      5. Photograph [ ]

**New Licence Number:** .....

**Fee paid:** .....

**Remarks:** .....

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**Signature of Authorized Officer:** .....      **Date:** .....