



*New Brunswick Registered Barbers' Association*  
*Association des Barbiers immatriculés du Nouveau-Brunswick*  
*and / et*

*Board of Barber Examiners of New Brunswick*  
*Bureau du Examineurs des Barbiers du Nouveau-Brunswick*

23 rue Main St. W/O, Saint John, N-B, E2M 3M9  
 506-693-6357 (office / bureau) - 506-672-8518 (fax / télécopie)  
 e-mail: examiners@nbrba.com Web : www.nbrba.com



**RECORD OF EMPLOYMENT**

SKILL LEVELS OBTAINED IN A LICENSED BARBER SHOP

**MANDATORY UNITS**      **NAME OF APPRENTICE:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

UNITS	LEVEL 1	LEVEL 2	LEVEL 3
A-1 SHAMPOO AND CONDITION HAIR			
A-2 TREAT HAIR			
A-3 CREATE A HAIR STYLE			
B-1 PERFORM BASIC HAIRCUTTING TECHNIQUES INCLUDING TAPER, FLATTOP AND CREWCUT			
B-2 PERFORM COMBINED HAIRCUTTING TECHNIQUES			
B-3 TRIM BEARDS, MUSTACHES AND SIDEBURNS			
G-1 PREPARE WORK AREA AND CLIENT			
G-2 CHOOSE, USE AND MAINTAIN IMPLEMENTS/EQUIP			
G-3 PRACTICE SANITARY PROCEDURES			
G-5 APPLY FIRST AID			
G-7 APPLY SAFETY MEASURES			

**OTHER UNITS REQUIRED IF ASTERISK (\*) UNIT MUST BE COMPLETED TO LEVEL 2**

C-1 PERFORM NECK / AROUND EAR SHAVE			*
C-2 PERFORM FACE SHAVE & BEARD OUTLINE SHAVE			*
C-3 RELAX HAIR CHEMICALLY (Optional Service)	*	*	*
D-1 CHOOSE AND APPLY COLOR			*
D-2 APPLY CORRECTIVE TECHNIQUES FOR COLOR			
D-5 CHOOSE AND APPLY LIGHTENING SOLUTION			
D-6 APPLY CORRECTIVE LIGHTENING TECHNIQUE			
G-6 PERFORM FACIALS/MASSAGES (Optional Service)	*	*	*

Legend: **Level 1** = Basic Skill needs Supervision, **Level 2** = Moderate Skill little Supervision,  
**Level 3** = Skilled no Supervision required / Initial and date each block when completed.



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**CERTIFICATION OF EMPLOYER**

Name of Employer:.....

Mailing Address:.....

License No:..... Expiration Date:..... Type:.....

I the above named employer do hereby certify the following record of employment for the apprentice listed herein. I understand that it is a criminal offence to certify hours and/or training of an apprentice under the Criminal Code of Canada (Revised Statutes of Canada) and with that understanding do hereby certify the following;-

Name of Apprentice:.....

License No:..... Expiration Date:..... Type:.....

Date of Initial Employment:..... Term:.....

Hours of employment weekly:..... Number of weeks employed:.....

TOTAL HOURS WORKED:..... Still employed by you?  Yes  No

If no what was the termination date:..... Terms:.....

Is it your opinion that the apprentice named and identified herein is competent in the occupation of a Barber and should he/she be permitted to perform the mandatory examinations for completion of the Apprentice level?  Yes  No If you answered no please explain;-.....

.....  
 .....

Is there any further information you wish to add? .....

.....

**Certification of Employer**

I the aforesaid employer do hereby certify that all the information contained herein is true and correct .I acknowledge that it is an offence under the **Canada Evidence Act** to supply false or misleading information an that the information supplied herein is the same as if made under oath by virtue of the **Canada Evidence Act (Revised Statutes of Canada)**.

**THEREFORE**, I hereby make this certification in the Province of New Brunswick under the pain and penalty of perjury.

➤ \_\_\_\_\_  
 Signature of Employer

➤ \_\_\_\_\_ 20\_\_\_\_  
 Today's Date