

6. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

City State Zip Code

7. Street Address (PO Box not accepted)
PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

City State Zip Code

8. Contact Numbers

Primary Telephone Alternate Telephone Fax

9. Email Address

Email address is considered a public record and will be disclosed upon request from a third party.

10. Have you been previously licensed in Virginia as a Barber, Cosmetology, Nail Technician, Wax Technician, Esthetician, Master Esthetician, Tattooer, or Permanent Cosmetic Tattooer?

No

Yes If yes, provide your license number and expiration date below

VA License Number

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 Expiration Date _____

11. Are you applying for **Barber, Cosmetology, Nail Technician, or Wax Technician** Instructor Certification?

No

Yes If yes, which method are you using to apply for your Instructor Certification? Select **one**.

A. Application by Course:

Which of the following Barber, Cosmetology, Nail Technician, or Wax Technician Instructor courses have you successfully completed?

A course in teaching techniques at post-secondary level

Required Documentation: Transcripts and/or diploma

An instructor training course approved by the Virginia Board for Barbers and Cosmetology under the supervision of a certified barber, cosmetology, nail technician or wax technician instructor (respectively)

Required Documentation: Transcripts and/or diploma and a written evaluation by the instructor

B. Application by Endorsement:

Provide an original **Certification of Licensure** (dated within the last 60 days) that must be:

1. Prepared by the state board or licensing body in which you are **currently** licensed to instruct barbering, cosmetology, nail care or waxing; and
2. Mailed in an unopened envelope with the seal or signature of the state board overlaying the flap on the back of the envelope and addressed to the Virginia Board for Barbers and Cosmetology.

◆ Certifications of Licensure/Letter of Good Standing, must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license 4) *the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure;* and 5) *all closed disciplinary actions resulting in a violation or undetermined finding. Certification must be mailed directly to:*

Board for Barbers and Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

12. Are you applying for **Esthetician or Master Esthetician** Instructor Certification?

No

Yes If yes, attach documentation of completing a course in teaching techniques at a post-secondary level.

Required Attachment(s): Transcripts and/or diploma showing successful completion.

13. Are you applying for **Tattooer or Permanent Cosmetic Tattooing** Instructor Certification?
- No
- Yes If yes, complete the [Training & Experience Verification Form](#) documenting *three years* of tattooing work experience within the previous five years and attach to this application. (More than one form may be submitted to document three years of experience.)
- **DO NOT SUBMIT** [Training & Experience Verification](#) form to the exam vendor. Mail directly to DPOR at the address provided at the top of this application.
14. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body? This includes but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of a license.
- No
- Yes If yes, complete the [Disciplinary Action Reporting Form](#).
15. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, or tattooing **denied** by any (including Virginia) local, state or national regulatory body?
- No
- Yes If yes, complete the [Denial of Licensure Reporting Form](#).
16. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 20 years? *Any plea of nolo contendere shall be considered a conviction.*
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
- B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor involving moral turpitude, sexual offense, drug distribution or physical injury** within the last two (2) years? *Any plea of nolo contendere shall be considered a conviction.*
- No
- Yes If yes, complete the [Criminal Conviction Reporting Form](#).
17. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Regulations, Tattooing Regulations, or Esthetics Regulations*.

Signature _____ Date _____