

Temporary permits expire 45 days from the approved examination date.

- A temporary permit may only be issued to applicant for initial licensure.
- An applicant must submit an [Exam and License Application](#) to the exam vendor, must be approved and scheduled for an examination prior to the Temporary Permit being issued.

Select one permit type you are requesting:

X	Permit Type	X	Permit Type
<input type="checkbox"/>	Barber	<input type="checkbox"/>	Wax Technician
<input type="checkbox"/>	Cosmetologist	<input type="checkbox"/>	Esthetician
<input type="checkbox"/>	Nail Technician	<input type="checkbox"/>	Master Esthetician

1. Are you scheduled to take an examination for the professional type selected above?

No If no, you ***do not qualify for a temporary permit.***

Yes If yes, provide the following information:

A. Is this the first time you have taken this examination? No Yes

B. What is the date of the scheduled examination? _____

2. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

Last (required) First (required) Middle Generation

3. Provide at least one of the following identification numbers*:

Social Security Number and/or

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Virginia DMV Control Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

4. Date of Birth _____
MM/DD/YYYY

5. Maiden or Former Name(s) _____

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

PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____

FINAL - APPROVED 2017

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE

14. 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, and Esthetics Regulations*.

Signature _____ Date _____