



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. Do you hold a **current** barber, master barber, cosmetologist, nail technician, wax technician, body piercer, esthetician, master esthetician, tattooer, permanent cosmetic tattooer, or master permanent cosmetic tattooer license, certification or registration **issued by any state or territory of the United States** (excluding Virginia)?

No  If no, this application **cannot** be processed. Complete the [Exam & License application](#).

Yes  If yes, complete the following questions:

A. List the following state/jurisdiction where a license, certification or registration has been issued: (List all current and expired professional types listed above.)

Professional Type	State/Jurisdiction	License, Certification or Registration Number	Expiration Date

B. Are you in good standing as a licensed, certified, or registered professional for the states/jurisdictions listed in question 10.A?

Yes

No  If **no**, provide an original Certification of Licensure\* (dated within the last 60 days) from each state/jurisdiction where you are **not** in good standing.

\* Certifications of Licensure/Letter of Good Standing; prepared by the state board or regulatory body 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*

11. Have you successfully completed an **examination** to become a barber, master barber, cosmetologist, nail technician, wax technician, body piercer, esthetician, master esthetician, tattooer, permanent cosmetic tattooer, or master permanent cosmetic tattooer for the states/jurisdictions listed in question 10.A?

No  If no, you **do not qualify** by Endorsement. Complete the [Exam and License Application](#).

Yes  If yes, provide a *Certification of Licensure/Letter of Good Standing\** (dated within the last 60 days) prepared by the state board or regulatory body where you successfully passed an examination.

\* Certifications of Licensure/Letter of Good Standing; prepared by the state board or regulatory body 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:*

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12. Are you applying to become a **body piercer, esthetician, master esthetician, tattooer, permanent cosmetic tattooer, or master permanent cosmetic tattooer?**

No  If no, proceed to the next question.

Yes  If yes, have you successfully completed a **training program or an apprenticeship program** in any state or jurisdiction of the United States?

No  If no, you **do not qualify** by Endorsement. Complete the [Exam and License Application](#).

Yes  If yes, provide the following information **and** provide a *Certification of Licensure/Letter of Good Standing (dated within the last 60 days) prepared by the state board or regulatory body where the training/program was completed\*\**:

Select the one license type you are requesting:

**Body Piercer** -Total number of apprenticeship hours completed :

✦ If the apprenticeship program was *less than 1200 hours*, you **do not qualify** by endorsement. Complete the **Exam and License Application**.

**Esthetician/Master Esthetician** -Total number of training hours completed :

✦ If the training was *less than 480 hours*, you **do not qualify** by endorsement. Complete the **Exam and License Application**.

**Tattooer** -Total number of training hours completed :

✦ If the training was *less than 800 hours and apprenticeship program was less than 1200 hours*, you **do not qualify** by endorsement. Complete the **Exam and License Application**.

**Permanent Cosmetic Tattooer/Master Permanent Cosmetic Tattooer** -Total number of training hours completed :

✦ If the training was *less than 160 hours (onsite training only)*, you **do not qualify** by endorsement. Complete the **Exam and License Application**.

\*\* If the state/jurisdiction **does not verify total hours** for training, the Board will require a transcript from the training provider/training program.

◆ Certifications of Licensure/Letter of Good Standing; prepared by the state board or regulatory body 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*

13. Are you applying to become a **barber, master barber, cosmetologist, nail technician, or wax technician**?

No  If no, proceed to the next question.

Yes  If yes, have you successfully completed a **training program** in any state or jurisdiction of the United States?

No  If no, you **do not qualify** by Endorsement. Complete the [Exam and License Application](#).

Yes  If yes, provide a *Certification of Licensure/Letter of Good Standing (dated within the last 60 days) prepared by the state board or regulatory body where the training was completed\*\* and provide the following:*

Select the one license type you are requesting:

**Barbers** -Total number of training hours completed <sup>★</sup> : \_\_\_\_\_

<sup>★</sup> If the training was *less than 880 hours*, you will need to show 5 years of experience to qualify by endorsement. Complete the ***Training Substitution Form***.

**Master Barbers** -Total number of training hours completed <sup>★</sup> : \_\_\_\_\_

<sup>★</sup> If the training was *less than 1200 hours*, you will need to show 5 years of experience to qualify by endorsement. Complete the ***Training Substitution Form***.

**Cosmetologist** -Total number of training hours completed <sup>★</sup> : \_\_\_\_\_

<sup>★</sup> If the training was *less than 800 hours*, you will need to show 5 years of experience to qualify by endorsement. Complete the ***Training Substitution Form***.

**Nail Technician** -Total number of training hours completed <sup>★</sup> : \_\_\_\_\_

<sup>★</sup> If the training was *less than 120 hours*, you will need to show 5 years of experience to qualify by endorsement. Complete the ***Training Substitution Form***.

**Wax Technician** -Total number of training hours completed <sup>★</sup> : \_\_\_\_\_

<sup>★</sup> If the training was *less than 120 hours*, you will need to show 5 years of experience to qualify by endorsement. Complete the ***Training Substitution Form***.

\*\* If the state/jurisdiction **does not verify total hours** for training, the Board will require a transcript from the training provider/training program.

◆ Certifications of Licensure/Letter of Good Standing; prepared by the state board or regulatory body 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:*

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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?

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, non-marijuana drug distribution or physical injury within the last two (2) years?

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, Body Piercing Regulations and Esthetics Regulations as applicable*.

Signature \_\_\_\_\_ Date \_\_\_\_\_