Licensure Fee Notice

Congratulations on passing your licensure examination! To obtain your license from the Virginia Department of Professional and Occupational Regulation, complete the following questions below, remit the appropriate fee, and mail to:

Department of Professional and Occupational Regulation Board for Barbers and Cosmetology 9960 Mayland Drive, Suite 400 Richmond, VA 23233-1485

All forms must be legible.
ALL FEES ARE NOT REFUNDABLE

| П | Check | this box i | f any | inforr | nation be | elow | is diffe | | | | nal exa | | | | | | | | | |
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| | | Check this box if you have been convicted in any jurisdiction of a felony or misdemeanor after submitting your original exam application. | | | | | | | | | | | | | | | | | | |
| | | | • | | | | | | | | - | | | | | al exam application | • | • • | | |
| 1. | Full L | ₋egal Naı | me | (As it | appears | on y | your go | overnmer | nt issu | ied II | O or oth | er legal | doc | umen | itation | 1.) | | | | |
| | First (required) | | | | | | Middle | | | | | | | Last (required) | | | | Generation | | |
| 2. | . Provide <u>one</u> of the following identification numbers*: Social Security Number or Virginia DMV Control Number Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles. | | | | | | | | | | | | | | | - profession o | or occupation | issued | d by the | |
| 3. | PHYSICAL ADDRESS REQUIRED | | | | | | | | | | | | | | | | | | | |
| | | City | | | | | | | | | | | | | | | State | Zip Code | | |
| 4. 5. | 1201 - Cosmetology - \$120.00 | | | | | | | | | | | | | | | structor - \$1 nstructor - \$1 ctor - \$140.0 n Instructor ents. | 140.00 140.00 00 - \$140 | .00 | | |
| 5. | By Signing and submitting this Licensure Fee Notice, you certify continued compliance with the Board's Standards of Practice a Conduct. Signature | | | | | | | | | | | | | | | ce and | | | | |
| 6. | | | | | | | | | | | | | | | | | | | | |
| 0. | | • | | • | | | | | | - | • | hand | Diec | over | aro : | accented) | | | | |
| | OFFICE USE ONLY | | | | FEE | | | S CODE | ENTITY# | | | | d Discover are accepted.) FILE #/LICENSE # | | | | ISSUE DA | ATE | | |
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| Credit | Credit Card Number: | | | | | | | | | | | | | | Card Expiration Date: | | | Month Year | | |
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| | | | | | City State Zip C | | | | | | | | | | <u> </u> | | | | | |
| Card | Holder's | s Signatur | e of a | uthor | ization: | | | | | | | | | | | | Date: _ | | | |