

## 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**

- ☐ Check this box if any information below is different from your original exam application.
- ☐ Check this box if you have been convicted in any jurisdiction of a **felony or misdemeanor** after submitting your original exam application.
- ☐ Check this box if you have been subject to any **disciplinary action** after submitting your original exam application.

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

First (required) \_\_\_\_\_ Middle \_\_\_\_\_ Last (required) \_\_\_\_\_ Generation \_\_\_\_\_

2. Provide **one** of the following identification numbers\*:

☐ Social Security Number or ☐ Virginia DMV Control Number    -   -

\* 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.

3. Street Address (PO Box not accepted) \_\_\_\_\_

**PHYSICAL ADDRESS REQUIRED**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Type of License:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1201 - Cosmetology - \$120.00     | <input type="checkbox"/> 1264 - Master Esthetician - \$120.00           | <input type="checkbox"/> 1204 - Cosmetology Instructor - \$140.00        |
| <input type="checkbox"/> 1301 - Barber - \$120.00          | <input type="checkbox"/> 1231 - Tattooing - \$120.00*                   | <input type="checkbox"/> 1301 - Barber Instructor - \$140.00             |
| <input type="checkbox"/> 1301 - Master Barber - \$120.00   | <input type="checkbox"/> 1236 - Permanent Cosmo. Tattooer - \$120.00*   | <input type="checkbox"/> 1207 - Nail Technician Instructor - \$140.00    |
| <input type="checkbox"/> 1206 - Nail Technician - \$120.00 | <input type="checkbox"/> 1237 - Master Perm Cosmo. Tattooer - \$120.00* | <input type="checkbox"/> 1215 - Wax Technician Instructor - \$140.00     |
| <input type="checkbox"/> 1214 - Wax Technician - \$120.00  | <input type="checkbox"/> 1241 - Body Piercing - \$120.00*               | <input type="checkbox"/> 1262 - Esthetician Instructor - \$140.00        |
| <input type="checkbox"/> 1261 - Esthetician - \$120.00     | <input type="checkbox"/> 1256 - Ear Piercing - \$120.00*                | <input type="checkbox"/> 1265 - Master Esthetician Instructor - \$140.00 |

\* Health education in blood-borne pathogens and first aid **required** for licensure. Refer to Board's Guidance Document for requirements.

5. By Signing and submitting this Licensure Fee Notice, you certify continued compliance with the Board's Standards of Practice and Conduct.

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

6. Form of Payment: (Made payable to Treasurer of Virginia)

☐ Check or Money Order ☐ Credit Card (Visa, MasterCard, and Discover are accepted.)

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

Applicant's Name: \_\_\_\_\_ (if different from Card Holder name)

Credit Card Number:                 Card Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Payment Amount: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_  
(as it appears on the card)

Card Holder's Billing Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
(optional)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Holder's Signature of authorization: \_\_\_\_\_ Date: \_\_\_\_\_