

**Virginia Board for Barbers and Cosmetology
INDIVIDUALS - REINSTATEMENT APPLICATION**

- If your license expired more than 2 years ago, DO NOT COMPLETE THIS REINSTATEMENT APPLICATION. Instead, you must re-apply as a new applicant.

A check or money order payable to the **TREASURER OF VIRGINIA**,
or a completed [credit card insert](#) must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select one license you are reinstating.

✕	License Type	Individual	Individual w/ Instructor Certificate
	REINSTATEMENT FEE	\$ 240.00	\$ 330.00
<input type="checkbox"/>	Barber/Master Barber	1301	1301
<input type="checkbox"/>	Cosmetologist	1201	1204
<input type="checkbox"/>	Nail Technician	1206	1207
<input type="checkbox"/>	Wax Technician	1214	1215
<input type="checkbox"/>	Tattooer*	1231	1239
<input type="checkbox"/>	Permanent Cosmetic Tattooer*	1236	1250
<input type="checkbox"/>	Master Permanent Cosmetic Tattooer*	1237	1250
<input type="checkbox"/>	Esthetician	1261	1262
<input type="checkbox"/>	Master Esthetician	1264	1265
<input type="checkbox"/>	Body Piercer *	1241	
<input type="checkbox"/>	Body Piercer (Ear Only)*	1245	

- * All licensed *Body Piercers/Body Piercers - Ear Only/Tattooer/Permanent Cosmetic Tattooer/Master PC Tattooer* are required to complete Continuing Education requirements set forth in **18 VAC 41-60-120** of the Body-Piercing Regulations and **18 VAC 41-50-160** of the Tattooing Regulations prior to renewal or reinstatement.

1. Virginia License Number: Expiration Date

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

- -

☐ **Virginia** DMV Control Number

- 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)

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			4020			

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. Are you applying to reinstate a **Body Piercer's, Body Piercer's Ear Only, Tattooing, Permanent Cosmetic Tattooer, or Master Permanent Cosmetic tattooer** license?
- No ☐
- Yes ☐ If yes, attach a certificate or official school transcript indicating successful completion of the health education requirements. All health education courses must be completed from a Board approved Education provider listed on the Board's website (www.dpor.virginia.gov/Boards/BarberCosmo/) under the tab section for "Education and Exams".
11. 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](#).
12. 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](#).
13. 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](#).
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, Body-Piercing Regulations, Tattooing Regulations, and Esthetics Regulations*.

Signature _____ Date _____