

**Virginia Board for Barbers and Cosmetology**  
**BARBER & COSMETOLOGY - UNIVERSAL LICENSE RECOGNITION APPLICATION**

➤ DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, [§54.1-205](#) to pass an examination specific to relevant state laws.

**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 type you are requesting:**

X	Universal License Type	Trans	Fee
<input type="checkbox"/>	1301 - Licensed Barber	1021	\$120.00
<input type="checkbox"/>	1301 - Unlicensed Barber - Universal license by exam	1020	\$120.00
<input type="checkbox"/>	1301 - Licensed Barber Instructor	5021	\$140.00
<input type="checkbox"/>	1301 - Unlicensed Barber Instructor - Universal license by exam	5020	\$140.00
<input type="checkbox"/>	1301 - Licensed Master Barber License	1026	\$120.00
<input type="checkbox"/>	1301 - Unlicensed Master Barber License - Universal license by exam	1025	\$120.00
<input type="checkbox"/>	1301 - Licensed Master Barber/Barber Instructor	5026	\$140.00
<input type="checkbox"/>	1301 - Unlicensed Master Barber/Barber Instructor - Universal license by exam	5025	\$140.00
<input type="checkbox"/>	1201 - Cosmetology License	1021	\$120.00
<input type="checkbox"/>	1201 - Unlicensed Cosmetology License - Universal license by exam	1005	\$120.00
<input type="checkbox"/>	1204 - Cosmetology Instructor License	1021	\$140.00
<input type="checkbox"/>	1204 - Unlicensed Cosmetology Instructor License - Universal license by exam	1020	\$140.00
<input type="checkbox"/>	1206 - Nail Technician License	1021	\$120.00
<input type="checkbox"/>	1206 - Unlicensed Nail Technician - Universal license by exam	1020	\$120.00
<input type="checkbox"/>	1207 - Nail Technician Instructor License	1021	\$140.00
<input type="checkbox"/>	1207 - Unlicensed Nail Technician Instructor - Universal license by exam	1020	\$140.00
<input type="checkbox"/>	1214 - Wax Technician License	1021	\$120.00
<input type="checkbox"/>	1214 - Unlicensed Wax Technician - Universal license by exam	1020	\$120.00
<input type="checkbox"/>	1215 - Wax Technician Instructor License	1021	\$140.00
<input type="checkbox"/>	1215 - Unlicensed Wax Technician Instructor - Universal license by exam	1020	\$140.00

1. Have you ever held a license and/or certificate issued by the Virginia Department of Professional and Occupational Regulation?

No ☐ Yes ☐

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

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☐ **Virginia** DMV Control Number

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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.

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

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 \_\_\_\_\_
8. Contact Numbers \_\_\_\_\_  
Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_
9. Email Address \_\_\_\_\_  
Email address is considered a public record and will be disclosed upon request from a third party.
10. Applicants who hold a **current** license/certificate:
- A. Do you hold a **current** (non-Virginia) license or certificate issued by a regulatory board or government entity?  
No ☐ If no, skip to question #11.  
Yes ☐ If yes, have you held this license/certificate for at least 3 years?  
No ☐ If no, you do not qualify for the Universal license. You may apply by using the Board's Endorsement Application or the Exam & License Application.  
Yes ☐
- B. Did your current state or your state of original licensure/certification require you to pass an examination?  
No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's Endorsement Application or the Exam & License Application.  
Yes ☐ If yes, did that state require you to complete any **education, training and/or experience** requirements to obtain this license/certificate?  
No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's Endorsement Application or the Exam & License Application.  
Yes ☐
- C. Complete the following table and include all **current** and **expired** licenses and/or certification issued from any state, territory, possession, or jurisdiction of the United States.  
A Certification of Licensure/Letter of Good Standing\* must be emailed from the state board/regulatory body directly to the Board for Barbers and Cosmetology at [bchoplicensing@dpor.virginia.gov](mailto:bchoplicensing@dpor.virginia.gov) and must be dated within the last 60 days from each jurisdiction.

State/Jurisdiction	License, Certification or Registration Number	Did you pass an examination?	Expiration Date
		Yes <input type="checkbox"/>	
		Yes <input type="checkbox"/>	
		Yes <input type="checkbox"/>	
		Yes <input type="checkbox"/>	
		Yes <input type="checkbox"/>	
		Yes <input type="checkbox"/>	

- ◆ *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 or renewal date; 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.*

D. Do you have any unresolved complaints or investigations pending against you at the time you submitted this application?

No ☐

Yes ☐ If yes, please give a brief description of this complaint/pending investigation:

**Skip to question #12.**

11. For applicants who **do not hold a current** license/certificate:

A. Do you work in a state, or jurisdiction of the United States (other than Virginia) that does not regulate your profession?

No ☐ If no, you do not qualify for the Universal license. You may apply using the Board's Exam & License Application.

Yes ☐ If yes, have you worked in this profession for a least three years?

No ☐ If no, you do not qualify for a Universal License at this time. You may apply using the Board's Exam & License application.

Yes ☐

B. Have you ever passed an examination for this profession in any state or territory of the United States?

No ☐ If no, you **will** be required to take the Virginia examination upon the Board's review of your application. Applicant will be notified by the Board when they are eligible to sit for the examination with PSI.

Yes ☐ If yes, provide the following information about the examination:

State/Jurisdiction: \_\_\_\_\_ Date of Examination \_\_\_\_\_

(MM/YYYY)

**Required Documentation:** Attach a copy of a certificate or other documentation showing successful completion of the National/Board-approved examination.

C. List all the state or jurisdiction of the United States where you have practiced this profession:

State/Jurisdiction	Profession/Occupation	Dates of Employment*	
		Start (MM/YY)	Finished (MM/YY)

\*Show a minimum of 3 years of employment.

D. An Experience Verification Form must be complete and submitted along with this application. Is one attached?

No ☐ Yes ☐

➤ Experience Verification Forms are located here: Barber, Cosmetology, Nail & Wax - [Experience Verification Form](#)

12. 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](#).
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 as applicable*.

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