Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

Virginia Board for Barbers and Cosmetology
LICENSE BY ENDORSEMENT APPLICATION

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.

- If you do not hold a **current** license/certificate in another state or jurisdiction, this application **cannot** be processed.
- A **Certification of Licensure** (dated within the last 60 days) is required to obtain licensure.

Select one license type you are requesting:

		Practitioner License Type			Instructor Type
X	Trans	Fee $120.00	X	Trans	Fee $140.00
☐	1021	1301 - Barber License	☐	5021	1301 - Barber adding Instructor Certificate
☐	1026	1301 - Master Barber License	☐	5026	1301 - Master Barber adding Instructor Certificate
☐	1021	1201 - Cosmetology License	☐	1021	1204 - Cosmetology Instructor Certificate*
☐	1021	1206 - Nail Technician License	☐	1021	1207 - Nail Technician Instructor Certificate
☐	1021	1214 - Wax Technician License	☐	1021	1215 - Wax Technician Instructor Certificate
☐	1021	1231 - Tattooer License	☐	1023	1239 - Tattooer adding Instructor Certificate***
☐	1021	1236 - Permanent Cosmetic Tattooer Lic.	☐	1023	1250 - Perm. Cosmetic Tattooer adding Instructor Certificate
☐	1021	1237- Master Perm. Cosmetic Tattooer Lic.	☐	1024	1250 - Master Perm. Cosm. Tattooer adding Instructor Certificate***
☐	1021	1241 - Body Piercer License	☐	1021	1262 - Esthetician adding Instructor Certificate**
☐	1021	1261 - Esthetician License	☐	1021	1265 - Master Esthetician adding Instructor Certificate**
☐	1021	1264 - Master Esthetician License			

* An individual holding a **Cosmetology Instructor Certificate** may teach a nail technician and wax technician program without obtaining a separate Nail Technician Instructor or Wax Technician Instructor Certificate.

** An individual holding an **Esthetician Instructor or Master Esthetician Instructor Certificate** may teach a wax technician program without obtaining a separate Wax Technician Instructor Certificate.

*** An individual holding an **Esthetician Instructor or Master Esthetician Instructor Certificate** may teach a wax technician program without obtaining a separate Wax Technician Instructor Certificate.

1. Are you applying for an **instructor** certificate and hold an **underlying license** in Virginia as a barber, master barber, cosmetologist, nail technician, wax technician, esthetician, master esthetician, tattooer, permanent cosmetic tattooer, or master permanent cosmetic tattooer?

   No ☐ You must hold the underlying license to apply for an instructor certificate.

   Yes ☐ If yes, provide your Virginia license number and expiration date:

   VA 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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1021			

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) _____

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.*

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*, you **do not qualify** by endorsement. Complete the ***Exam and License Application***. If the 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.

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 : _____

✦ If the training was *less than 600 hours*, you will need to show 3 years of experience to qualify by endorsement. Complete the ***Training Substitution Form***.

✦ ◯ **Master Barbers -**Total number of training hours completed: _____

✦ If the training was *less than 800 hours*, you will need to show 3 years of experience to qualify by endorsement. Complete the ***Training Substitution Form.***

✦ ◯ **Cosmetologist -**Total number of training hours completed : _____

✦ If the training was *less than 800 hours*, you will need to show 3 years of experience to qualify by endorsement. Complete the ***Training Substitution Form.***

✦ ◯ **Nail Technician -**Total number of training hours completed: _____

✦ If the training was *less than 120 hours*, you will need to show 3 years of experience to qualify by endorsement. Complete the ***Training Substitution Form***.

✦ ◯ **Wax Technician -**Total number of training hours completed : _____

✦ If the training was *less than 92 hours*, you will need to show 3 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.

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 **denied** by any (including Virginia) local, state, or national regulatory body?

No ☐

Yes ☐ If yes, complete the Denial of Licensure Reporting Form.

16. 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 10 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 (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 _____