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Commonwealth of Virginia
Department of Professional and Occupational Regulation
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Department of Professional and Occupational Regulation

Virginia Board for Barbers and Cosmetology
CHANGE OF INSTRUCTOR APPLICATION

(Applies to School Licensees Only)

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.

1. A. Type of business entity (select only **one**)

☐ Sole Proprietorship ☐ General Partnership ☐ Solely Owned LLC ♦ ☐ Corporation ♦
☐ Limited Partnership ♦ ☐ Limited Liability Company ♦ ☐ Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

B. State Corporation Commission Number: _____ (If applicable)

♦ If your business is a **corporation, limited liability company,** or **limited partnership**, your business name must be registered with the Virginia State Corporation Commission (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission. For additional information, contact the SCC at https://.scc.virginia.gov or by phone at (804) 371-9733.

2. Business Entity Name: _____

3. Provide your Business Federal Employer Identification Number: ✳

☐ Business Federal Employer Identification Number (FEIN) ☐☐ - ☐☐☐☐☐☐☐
Federal Employer Identification Number (12-3456789)

If a **FEIN is not available** because the business is registered as a sole proprietor, provide a social security number **and/or** a control number issued by the Virginia Department of Motor Vehicles below:

☐ *Sole Proprietor's/Individual's* Social Security Number ✳✳ ***or***
☐ ***Virginia*** Department of Motor Vehicles Control Number

☐☐☐ - ☐☐ - ☐☐☐☐
Social Security or Virginia DMV Number (123-45-6789)

✳ State law requires every applicant (business) applying for licensure to provide a federal employer identification number unless the applicant (business) is registered as a sole proprietor.

✳✳ 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. Business Entity License Number(s):

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

5. List each **Instructor**♦ who is currently employed by the school, their instructor license number, and the school license number. School license numbers are used to identify which instructors are at which locations.
Note: Instructors deleted from the school do not require a signature.

Instructor's Full Legal Name	Instructor License Number	School License Number	Instructor's Status	Instructor's Signature*
			☐ New ☐ Existing ☐ Delete	
			☐ New ☐ Existing ☐ Delete	
			☐ New ☐ Existing ☐ Delete	
			☐ New ☐ Existing ☐ Delete	
			☐ New ☐ Existing ☐ Delete	
			☐ New ☐ Existing ☐ Delete	
			☐ New ☐ Existing ☐ Delete	
			☐ New ☐ Existing ☐ Delete	

♦ The Board will independently contact your instructor to verify employment.

* New and existing instructors must sign next to their name and license number above. Listing instructors who are not employed by your institution may result in disciplinary action. Please refer to the general school requirements in sections 18VAC 41-20-200 A.3, 18VAC 41-70-180 A.3, and 18VAC 41-50-230 A.3 of the *Virginia Board for Barbers and Cosmetology, Esthetics or Tattooing Regulations.*

6. Has this **Business/Organization** or any member of **Responsible Management** ever been subject to **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.

7. Has this **Business/Organization** or any member of **Responsible Management** ever been refused or **denied** a business, professional, or occupational license, certification, or registration as a practitioner or instructor by any (including Virginia) local, state, or national regulatory body?

   No ☐
   Yes ☐ If yes, complete the Denial of Licensure Reporting Form.

8. Has this **Business/Organization** or any member of **Responsible Management** 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.

9. 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, Tattooing, and Esthetics Regulations.*

   Signature _____ Date _____