Commonwealth of Virginia
Department of Professional and Occupational Regulation

Prov Inc.
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Department of Professional and Occupational Regulation

Virginia Board for Barbers and Cosmetology
COSMETOLOGY - EXAMINATION & LICENSE APPLICATION

Instructions: Applicants are encouraged to apply online at https://provexam.com/

- If you are unable to apply online, complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the examination fee, payable to **Prov Inc** and mail to: Prov Inc, 200 West Civic Center Drive, Suite 160, Sandy, UT 84070
- Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a **new application** and **new examination fee**.

Select one examination type you are requesting:

✖	Examination Type	Fee
☐	1201 - Practical & Theory Exam	$194.00
☐	1201 - Practical Exam	$95.00
☐	1201 - Theory Exam	$99.00

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

Last (required) _____ First (required) _____ Middle _____ Suffix _____

2. 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.

3. Date of Birth _____ MM/DD/YYYY

4. Maiden or Former Name(s) _____

5. Mailing Address (P.O. Box accepted)
The mailing address will be printed on the license.

_____
APT/Unit # _____
City _____ State _____ Zip Code _____

6. Street Address (P.O. Box not accepted)
PHYSICAL ADDRESS REQUIRED

☐ Check here if Street Address is the same as the Mailing Address listed above.

Street Address _____
APT/Unit # _____
City _____ State _____ Zip Code _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		12	

7. Contact Numbers _____ Primary Telephone _____ Alternate Telephone _____ Fax

8. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

9. Have you been ***previously*** licensed in Virginia as a practitioner in the fields of **Barber, Master Barber, Cosmetology, Nail Technician,** or **Wax Technician**?

No ☐

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

VA License Number ☐☐☐☐☐☐☐☐☐☐ Expiration Date _____

10. Which method are you using to qualify for the examination? Select only **ONE**.

☐ Completion of an approved cosmetology training program in a Virginia licensed cosmetology school or a Virginia public school cosmetology program approved by the Virginia Department of Education

Required Documentation: *Attach a completed Training Verification Form*

☐ Completion of a cosmetology training which is substantially equivalent to the Virginia program (at least 80% of Virginia's required hours) that is obtained outside the Commonwealth of Virginia, but within the United States and its territories

Required Documentation: *Attach an official school transcript indicating successful completion of a substantially equivalent training program or written verification from the Licensing Board in the state where the training was received.*

☐ Completion of a cosmetology course (that is not substantially equivalent to Virginia) and three years of cosmetology work experience

Required Documentation: *Attach a certificate, an official school transcript, or other documentation verifying successful completion of the cosmetology course* ***and*** *a completed Barber & Cosmetology - Experience Verification Form documenting at least three years of cosmetology work experience*

☐ Completion of the Virginia apprenticeship program in cosmetology

Required Documentation: *A completed Department of Workforce Development and Advancement form available from your apprenticeship representative*

☐ Completion of a degree from an institution outside of the United States

Required Documentation: *Degree must be translated, authenticated, and evaluated by an education evaluation service.*

☐ Virginia licensed master barber with one year of work experience

VA License Number ☐☐☐☐☐☐☐☐☐☐ Expiration Date _____

Required Documentation: *Attach a completed Barber & Cosmetology - Experience Verification Form*

☐ Cosmetology training obtained in any Virginia state institution

Required Documentation: *Attach a completed Training Verification Form*

☐ One year of cosmetology experience in the United States armed forces

Required Documentation: *Attach either a DD214, Joint Service Transcript (JST), or Verification of Military Education & Training (VMET)*

☐ Previously licensed in Virginia by examination for less than three years and past the reinstatement period

Required Documentation: *Exam vendor will request verification from the Board*

☐ Previously licensed in Virginia for a minimum of three years and past the reinstatement period

Required Documentation: *Exam vendor will request verification from the Board*

☐ Endorsement applicant required to complete Virginia examination

Required Documentation: *Provide documentation from the Virginia Board for Barbers and* Cosmetology.

11. Do you hold a current or have you ever held a **Barber, Master Barber, Cosmetology, Nail Technician, or Wax Technician** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?

No ☐

Yes ☐ If yes, complete the following questions.

A. List the following state/jurisdiction where a license, certification or registration has been issued:

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 above?

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, endorsement, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at bchoplicensing@dpor.virginia.gov or **mailed** from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

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. 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.

14. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States or outside of the United States, of any **felony** within the last 10 years?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

15. Are you applying for a temporary license? **DOES NOT APPLY TO STUDENT INSTRUCTOR TEMPORARY LICENSES.**

No ☐

Yes ☐ If yes, your sponsor must complete and sign the following sponsorship statement:

I, the undersigned, agree to supervise all activities related to the practice of cosmetology for the named applicant, and shall be responsible for his/her cosmetology activities during the time the temporary license is in force.

Printed Name of Sponsor _____ Signature of Sponsor _____

Sponsor's Virginia Cosmetology License Number ☐☐☐☐☐☐☐☐☐☐

16. 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.*

Signature _____ Date _____

17. Attach a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current appearance. It must meet the following requirements:

⇨ sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head

⇨ taken in front of a plain white background

⇨ be a full-face view, directly facing the camera with a neutral facial expression

Attach Photo Here.
Photocopy pictures are not permitted.