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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
COSMETOLOGY COMPACT LICENSE APPLICATION
Fee $57.25*

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.

***An individual holding a Virginia cosmetology compact license must also have an active Virginia cosmetology license.**

1. Provide your current Virginia cosmetology license number and expiration date:

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

   - If you are applying for a cosmetology compact license, you must hold a current Virginia cosmetology license.
   - If you do not hold a current Virginia cosmetology license, you **do not** qualify for a cosmetology compact license issued by Virginia.

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

   _____ Last _____ First _____ Middle _____ Suffix (Sr, Jr, III, etc.)

3. Social Security Number: ✳ ☐☐☐ - ☐☐ - ☐☐☐☐

   ✳ The Compact Commission requires every applicant to provide a social security number.

4. Date of Birth _____ MM/DD/YYYY

5. Mailing Address (P.O. Box accepted)
   If a mailing address is submitted, the mailing address will be printed on the license.

   _____
   _____ City _____ State _____ Zip Code

6. Street Address (P.O. Box not accepted) ☐ Check here if Street Address is the same as the Mailing Address listed above.
   PHYSICAL ADDRESS REQUIRED

   _____
   _____ City _____ State _____ Zip Code

7. Contact Numbers _____ Primary Telephone _____ Alternate Telephone

8. Email Address _____

9. 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.

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

*Pursuant to 2026's House Bill 30, DPOR is to charge a Technology Fee equal to $7.25 per year

10. 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.

11. 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.

12 By signing this application, I certify the following statements:

- I agree to abide by the rules of the State Licensing Authority, and the State scope of practice laws governing the Practice of Cosmetology, of any Member State in which I provide services.
- I agree to pay all required fees related to the application and process, and any other fees which the Commission rule may require.
- I agree to comply with all other requirements regarding Multistate Licenses which the Commission may by Rule provide.
- 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*.

Signature _____ Date _____