



6. 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 \_\_\_\_\_
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. Student temporary license holders must be supervised by a currently licensed barber instructor, master barber instructor, cosmetology instructor, nail technician instructor, wax technician instructor, esthetician instructor, or master esthetician instructor respectively. Provide your supervisor's information:
- A. Supervisor's Name  
 \_\_\_\_\_  
 First (required) \_\_\_\_\_ Middle \_\_\_\_\_ Last (required) \_\_\_\_\_ Generation \_\_\_\_\_
- B. Supervisor's Virginia License Number 

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 Exp. Date \_\_\_\_\_
- C. Supervisor's School Name \_\_\_\_\_
- D. School's Virginia License Number 

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 Exp. Date \_\_\_\_\_
- E. I, the undersigned, agree to supervise the above-named individual, and shall be responsible for the actions of the applicant during the time the student instructor temporary permit is in force for all activities related to the practice of:
- ☐ Barbering ☐ Cosmetology ☐ Nail Care ♦ ☐ Wax Care ♦ ☐ Esthetics ♦♦ ☐ Master Esthetics ♦♦
- ☐ Tattoo ♦♦♦ ☐ Permanent Cosmetic Tattoo ♦♦♦ ☐ Master Permanent Cosmetic Tattoo ♦♦♦
- Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_
- ♦ Student instructor Nail Care or Wax Care temporary license holders may be supervised by a licensed Nail Technician Instructor or Wax Technician Instructor respective profession. Student Nail Care or Wax Care temporary license holders may be supervised by a licensed Cosmetology Instructor.
  - ♦♦ Student instructor Wax Care temporary license holders may be supervised by a licensed Esthetician Instructor or Master Esthetician Instructor. Student instructor Esthetics Care temporary license holders may be supervised by a licensed Esthetician Instructor or Master Esthetician Instructor.
  - ♦♦♦ Student instructor Permanent Cosmetic Tattoo Care temporary license holders may be supervised by a licensed Tattoo Instructor or Master Permanent Cosmetic Tattoo Instructor. Student instructor Master Permanent Cosmetic Tattoo Care temporary license holders may be supervised by a licensed Tattoo Instructor.
10. 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](#).
11. 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](#).

12. 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](#).

13. 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 \_\_\_\_\_