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



Virginia Board for Barbers and Cosmetology STUDENT INSTRUCTOR - TEMPORARY LICENSE APPLICATION No Fee Required

All student instructor temporary licenses expire <u>one year</u> from date of issuance. Select the <u>type</u> of license you are requesting:

		⊁ Stu	dent Instructor T	emporary Perm	nit Type													
		Bar	ber Student Instr	uctor			Master Esth	etics	Stude	nt Ins	tructo	or						
		Cosmetology Student Instructor					Tattoo Student Instructor											
	Nail Technician Student Instructor						Permanent Cosmetic Tattoo Student Instructor											
		☐ Wa	x Technician Stu	dent Instructor			Master Peri	nane	nt Cosi	metic	Tatto	oo St	ude	nt In	struc	tor		
		Est	hetics Student In	structor														
> H	Have yo	u ever	been previously	/ issued a Stud	dent Instru	uctor	Temporary	licen	se for	this	orofe	ssio	n?					
	No		, ,				. ,			,								
	Yes		yes, you are <u>n</u>	ot eligible for a	a second	temp	orary licens	e.										
> F	Provide	your <u>c</u>	urrent Barber	, Master Bark	oer, Cosr	netol	ogy, Nail T	echr	nician,	Wa	к Те	chni	ciar	n, E	sthe	tician	, Mastei	•
			ttooer, Perman			or I	Master Pern	nane	nt Cos	smet	ic Ta	attoo	er I	icer	ıse*	issue	d by the	ļ
/	/irginia l	Board f	or Barbers and	Cosmetology:														
	Virgii	nia Lice	ense Number							Ex	oirati	on D	ate					_
			Student Instru															
			nician, Wax Tec Cosmetic Tattod		tician, Ma	ster	Esthetician,	Tatto	oer, P	erma	nent	Cos	met	ic T	attoo	er, o	r Master	
1.	Full Le	gal Na	me (As it appea	ars on your gove	ernment is	sued	ID or other le	gal d	ocume	ntatio	n.)							
	Last (re	equired)		First	(required)				Middle								Generation	-
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6.	Street	Address (PO E	Box <u>not</u> accepted) RESS REQUIRED	Chec	k here if Stree	et Address is	the <u>same</u>	as the Mailir	ng Address listed at	oove.
				City					State	Zip Code
7.	Conta	ct Numbers								
			Primary Tele	phone		Alternate	Telephone	Fax		
8.	Email	Address	Email addre	see ie considere	d a public ro	ord and w	ill ha disa	losed upon	request from a th	aird party
9.	instru esthe	ctor, cosmetolo tician instructor	license holders mu gy instructor, nail to respectively. Provi	ıst be super echnician ins	vised by tructor, wa	a <u>currer</u> ax techni	ntly lice cian ins	nsed bar	ber instructor	, master barber
	A.	Supervisor's N	vame							
		First (required)		Middle			Last	(required)		Generation
	В.	Supervisor's \	Virginia License Nur	mber					Exp. Date	
	C.	Supervisor's S	School Name							
	D.	School's Virgi	nia License Numbe	r					Exp. Date	
	E.		gned, agree to super during the time the Cosmetology Permanent		ructor ten	nporary p	ermit is	in force	for all activities	es related to the
		Supervisor's S	Signature					Date		
	•	Student instr Wax Technic licensed Cos Student instr Instructor. S Master Esthe Student instr	ructor Nail Care or Wax cian Instructor respective smetology Instructor. ructor Wax Care tempor tudent instructor Esthet etician Instructor. ructor Permanent Cosmenanent Cosm	e profession. St ary license hold ics Care tempo etic Tattoo Care	lers may be brary license temporary	supervised holders m	by a lice ay be su	mporary lice nsed <u>Esthe</u> pervised by be supervi	ense holders may tician Instructor of a licensed Esth sed by a licensed	be supervised by a r Master Esthetician netician Instructor or I Tattoo Instructor or
		holders may	be supervised by a licer	nsed Tattoo Ins	tructor.					
10.	body?	This includes e in connection	subject to a disciple but is not limited with a disciplinary a complete the Disciplinary	to any mon action or volu	etary pen intary tern	alties, fir nination o	nes, sus	spensions		
11.		ding Virginia) lo	an application for lice	al regulatory	body?		on as a	practition	ner or instructo	or <u>denied</u> by any

12.	Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the Unite
	States of any <u>felony</u> within the last 10 years?
	No
	Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>
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 thi 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 th 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 an person, or any source the department may contact. I also agree to present any credentials or document required or requested by the Department.
	 I authorize any federal, state or local government agency, current or former employer, or other individual of 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 provision of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Barbers and Cosmetolog Regulations.
	Signature Date