



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 permit holders must be supervised by a currently licensed barber instructor, master barber instructor, cosmetologist instructor, nail technician instructor, or wax technician 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 ♦

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

♦ Student Nail Care or Wax Care temporary permit holders may be supervised by a licensed Nail Technician Instructor, Wax Technician Instructor or a licensed Cosmetologist 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 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](#).

12. A. 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 20 years?  
No   
Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) 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 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 \_\_\_\_\_