

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
PSI Services LLC - Virginia Barber Cosmetology Program
 P.O. Box 887
 Wheat Ridge, CO 80034
 Telephone No.: 1-855-229-9302
 Email: vacos@psionline.com
 Website: www.pSIONline.com



Virginia Board for Barbers and Cosmetology
WAX TECHNICIAN – WAX TECHNICIAN INSTRUCTOR
EXAMINATION & LICENSE APPLICATION

- Instructions:** Applicants are encouraged to apply online at <https://vacos.useclarus.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 **PSI Services LLC** at the address listed above.
 - 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:

<input checked="" type="checkbox"/>	Examination Type	Fee
<input type="checkbox"/>	1214 - Practical & Theory Exam	\$172.00
<input type="checkbox"/>	1214 - Practical Exam	\$86.00
<input type="checkbox"/>	1214 - Theory Exam	\$86.00
<input type="checkbox"/>	1215 - Instructor Exam	\$86.00

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

Last (required) First (required) Middle Generation

2. Provide at least **one** of the following identification numbers*:

Social Security Number and/or

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Virginia DMV Control Number

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- 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 (PO Box accepted) _____
 The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

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.

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

12. 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, 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, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure;* and 5) *all closed disciplinary actions resulting in a violation or undetermined finding. Certification must be mailed directly to:*

Board for Barbers and Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

13. 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](#).

14. 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](#).

15. 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**? *Any plea of nolo contendere shall be considered a conviction.*

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](#).

16. Are you applying for a temporary permit?

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 waxing for the named applicant, and shall be responsible for his/her waxing activities during the time the temporary permit is in force.

Printed Name of Sponsor

Signature of Sponsor

Sponsor's VA **Wax Technician** or **Cosmetology** License No.

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17. 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 _____

18. 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

