

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

All student instructor temporary permits expire one year from date of issuance.

Select the type of permit you are requesting:

<input checked="" type="checkbox"/>	Student Instructor Temporary Permit Type
<input type="checkbox"/>	Barber Student Instructor *
<input type="checkbox"/>	Cosmetology Student Instructor *
<input type="checkbox"/>	Nail Technician Student Instructor *
<input type="checkbox"/>	Wax Technician Student Instructor *

➤ Have you ever held a previously issued Student Instructor Temporary permit for this profession?

No

Yes If yes, you are **not** eligible for a second temporary permit.

➤ Provide your **current** Barber, Cosmetology, Nail Technician, or Wax Technician license issued by the Virginia Board for Barbers and Cosmetology:

Virginia License Number Expiration Date _____

* To obtain a **Student Instructor Temporary Permit**, you must hold a current Virginia Barber, Cosmetology, Nail Technician, or Wax Technician License.

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*

- -

Virginia DMV Control Number

➤ 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) _____

PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

City _____ State _____ Zip Code _____

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

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, 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

--	--	--	--	--	--	--	--	--	--

 Exp. Date _____

C. Supervisor's School Name _____

D. School's Virginia License Number

--	--	--	--	--	--	--	--	--	--

 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? *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, drug distribution or physical injury** within the last two (2) years? *Any plea of nolo contendere shall be considered a conviction.*

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 _____