

PCS WAIVER

***NOTE: Candidates must register with the full legal name as it appears on their government issued identification. The name on the identification must be the same as the name used to register for the examination.**

Examination Location: Please Select Your **Practical** Examination Location and Month:

_____ Richmond Area (site #1) _____ Northern VA Area (site #4) _____ Suffolk Area (site #6)
 _____ Richmond Area (site#2) _____ Pulaski Area (site #5) _____ Roanoke Area (site #7)
 _____ Northern VA Area (site#3) ** For the most current practical exam dates & deadlines visit www.pcshq.com**

Month:
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Language Preference for the Theory Examination: If no language is selected you will automatically be given an English examination. Practical examinations are always administered in English.

	<u>Cosmetology</u>	<u>Barber</u>	<u>Nail Tech</u>	<u>Esthetician</u>	<u>Master Esth.</u>	<u>Instructor</u>	<u>Wax Tech</u>
E=English	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E	<input type="checkbox"/> E
S=Spanish	<input type="checkbox"/> S	<input type="checkbox"/> S	<input type="checkbox"/> S	<input type="checkbox"/> S		<input type="checkbox"/> S	
V=Vietnamese	<input type="checkbox"/> V	<input type="checkbox"/> V	<input type="checkbox"/> V	<input type="checkbox"/> V		<input type="checkbox"/> V	
K=Korean	<input type="checkbox"/> K	<input type="checkbox"/> K	<input type="checkbox"/> K	<input type="checkbox"/> K		<input type="checkbox"/> K	
	<u>Body Piercer</u>	<u>Tattoo (ALL)</u>					
	<input type="checkbox"/> E	<input type="checkbox"/> E					

Security Question:

Mother's Maiden Name: _____

Candidates Requiring Special Accommodations: Candidates requiring modifications in the examination administration because of a disability must obtain approval from PCS. If you will be requesting special accommodations under the Americans with Disabilities Act, (ADA) you must submit the ADA accommodations form with supporting medical documentation at the same time you submit this scheduling form to PCS. You may obtain the ADA accommodations form online at www.pcshq.com or from your school.

Check **ONLY** if you request special accommodations.

Informed Consent and Waiver Agreement: I verify that this form is in the original format as supplied by Board/PCS and has not been altered or otherwise modified in any way. I agree that in the event my examination papers are lost, the presence of any unforeseen environmental distractions, or if the exam is not held for any reason, any claim I may have will be limited to the examination fee paid by me. The contents of the examinations are copyrighted under the laws of the United States. Copying, reproduction, reconstruction, or any action taken to reveal the contents of the examination in whole or part violates the copyright and is, therefore, unlawful. I attest that I understand this statement and that I will not discuss nor divulge any information regarding this examination. I also understand that my name and scores will be released to the Board and the school I attend. I understand that various cosmetology and/or nail products ("products") will be used during the practical portion of the examination for licensure. I agree that in the event of an illness and/or injury during or after the examination that I shall hold Professional Credential Services ("PCS"), it's agents, examiners, candidates or the State board of Cosmetology and/or Barbering contracting with PCS to administer these examinations harmless from any and all claims, injury, loss, damage, suits, actions, liabilities and cost of any kind for any and all claims by any party arising directly or indirectly from any acts or omissions in connection with this examination. I acknowledge that neither I nor any other party claiming through me shall have the right of action of any kind against the aforementioned organization or individuals with regard to any use or misuse of said products during this examination(s) and I release, with informed consent, PCS, it's agents, examiners, candidates and the State from any liability with respect to the same. I also agree that I have read the full text of the *Informed Consent and Waiver Agreement* and *Candidate Information Bulletin*. I agree and will fully comply.

Candidate's Signature: _____

Date: _____



PAYMENT FORM

Applicant Name: _____

Social Security Number or DMV Control Number (Mandatory): _____ - _____ - _____

**Fees are non-refundable and non-transferable
Personal checks are not accepted**

Payment must be by certified check or money order (payable to PCS) or credit card (MasterCard/VISA Only). Please record your social security number on the check. Place a check mark in the appropriate box indicating the type of payment.

Payment Type: **Cashier's Check/Money Order** **Credit Card (complete information below)**

If paying by credit card: MasterCard VISA Authorized payment amount: \$_____

Credit Card # _____ - _____ - _____ - _____ Expiration Date ____/____

Print Cardholder's Name _____

Authorized Signature _____

***If your credit card is declined, you will be required to submit a cashier's check or money order.**

**Return this Payment Form with Examination Application.
DO NOT staple your payment to this form.**

Note: This document will be shredded after it has been processed.

Mail PCS Waiver Form and Payment Form to:
Professional Credential Services / Virginia Cosmetology and Barber
P.O. Box 198768 (U.S. Postal Service)
Nashville, Tennessee 37219-8689
150 Fourth Avenue North, Suite 800 (Courier Delivery)
Nashville, Tennessee 37219-2496
Toll free: (888) 822-3272 (615) 312-3782
Fax: (615) 846-0153
Web Site: <http://www.pcshq.com>