Commonwealth of Virginia

Department of Professional and Occupational Regulation

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

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

Instructions: Complete this form and mail it with a cashier's check, money order, or credit card payment for the full amount of the fee, payable to

Professional Credential Services, Inc. at the Professional Credential Services address above. Upon passing the exam, Professional

Credential Services, Inc. will send you a FEE NOTICE. Submit the signed FEE NOTICE and license fee to:

Virginia Board for Barbers and Cosmetology Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, VA 23233

Select one examination type you are requesting:

| × | License Type | Fee |
|---|--------------------------------|----------|
| | 1301 - Practical & Theory Exam | \$155.00 |
| | 1301 - Practical Exam | \$80.00 |
| | 1301 - Theory Exam | \$75.00 |
| | 1302 - Instructor Exam | \$75.00 |

| 1. | Name | | | | | | | |
|--|---|---------------|----------------------|--|------------------------|--|-------|----------------------|
| | Last | | <u></u> | First | | Middle | | Generation |
| 2. | Provide one of the following identification numbers. | | | | | | | |
| | * State law requ | | nt for a license, ce | | or other authorization | to engage in a business, Virginia Department of M | | or occupation issued |
| 3. | Date of Birth | MM/DD/Y | | | | | | |
| 4. | Maiden Name o | or Former Sur | name(s) _ | | | | | |
| 5. | Mailing Address (PO Box accepted) If a mailing address is submitted, the mailing address will be printed on the license. | | | | | | | |
| | | | (| City | | | State | Zip Code |
| 6. Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED | | | | Check here if Street Address is the <u>same</u> as the Mailing Address listed above. | | | | |
| | | | _ | | | | | |
| | | | | | | | | |
| City | | | | | Zip Code | | | |
| Office | DATE | FEE | TRANS CODE | ENTITY # | | FILE #/LICENSE # | | ISSUE DATE |
| Use Only | | | 1020 | | 13 | | | |

| 7. | Email Address | | | | | |
|-----|---|--|---|---|----------------------------|---|
| 8. | Contact Numbers | Deluceur Televikeur | | All T. I. | | |
| | | Primary Telephone | | Alternate Telepho | ine | Fax |
| 9. | No 🗆 | the Barber or Barber Insi provide the following exa | | · · | | |
| | j = 5, | | | | | |
| | | Barber Exam | | | | |
| | | | Year taken: | | | |
| | | Barber Instructor Exam | Month taken: _ Year taken: _ | | | |
| 10. | • | <u>t</u> or <u>expired</u> Virginia Barb | er, Cosmetology, | or Nail Technic | cian License | ? |
| | No ☐ Yes ☐ If yes, | provide your license numbe | r and expiration dat | e below | | |
| | VA Lice | ense Number | | | Expirati | on Date |
| 11. | Are you applying to ta | ake the <u>Instructor</u> Examin | nation? | | | |
| | No 🗌 | | | | | |
| | Yes If yes, | provide the following inform | ation and skip to qu | estion #13. | | |
| | VA Lice | ense Number | | | Expirati | on Date |
| 12. | Which method are you using to qualify for the examination? Select only ONE . | | | | | |
| | school barbe | of an approved barber t er program approved by to Cocumentation: Attach a complete | he Virginia Depar | tment of Educa | | er school or a Virginia public |
| | | | | | quivalent to | the Virginia program that is |
| | | tside the Commonwealth | 0 | | | |
| | Required L verification | Documentation : Attach a diplomation from the Licensing Board in the sta | a or official school trans ate where the 1500 hour | cript indicating success of training were rec | essful completio ceived | n of 1500 hours of instruction or written |
| | | • | | · · | | 00 hours of training) and six |
| | | | | | | be obtained outside the |
| | | alth of Virginia, but within | | | | completion of the barber course and a |
| | | Training & Experience Verification | | | | |
| | | of the Virginia apprentice | | Ü | | |
| | • | Documentation: A completed Dep | | - | e from your appr | enticeship representative |
| | _ | nsed cosmetologist with t | • | • | | |
| | • | Documentation: Attach a complet | | | n two voars | of work experience) enrolled |
| | in a Virginia | • | nd seeking credit f | or performance | • | d at a cosmetology school |
| | | ing obtained in any Virgin | | | | |
| | <u> </u> | Oocumentation: Attach a complete | | | | |
| | Two years o | of barbering experience in | the United States | s armed forces | | |
| | Required L | Documentation: Attach a complet | ed <u>Training & Experienc</u> | e Verification Form | | |

| 13. | Do you hold a <u>current</u> or <u>expired</u> Barber, Cosmetology, or Nail Technician license in any state or jurisdiction within the United States or its territories (excluding Virginia)? | | | | | | | |
|-----|---|--|--|--|--|--|--|--|
| | No Yes | | and provide an original Certification of Lice | nsure/Letter of Good | | | | |
| | | State/Jurisdiction | License, Certification or Registration Number | Expiration Date | | | | |
| | | | Liotios, commodici i registration | 27,81131111111111111111111111111111111111 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | the license/certification/registration renewal fee; 4) the means of obta were met to qualify for licensure; finding, and 6) an original authorize | of Good Standing, prepared by the state board or regular number; 2) the initial date of licensure; 3) the expirataining licensure (i.e. exam, reciprocity, etc.) and the may and 5) all closed disciplinary actions resulting in a need signature and Board/Department seal. | ation date of the license or ninimum requirements that violation or undetermined | | | | |
| 14. | body? | er been subject to a disciplinary action | taken by any (including Virginia) local, state | or national regulatory | | | | |
| | No | If yes, provide a certified copy of the f with lawful authority to issue such orde | final order, decree or case decision by a court er, decree or case decision. | t or regulatory agency | | | | |
| 15. | barbering, co | er had an application for licensure, cert | iffication or registration as a practitioner or ins , body-piercing, or tattooing denied by any (inc | | | | | |
| | Yes | If yes, provide a certified copy of the fi with lawful authority to issue such order | final order, decree or case decision by a court er, decree or case decision. | t or regulatory agency | | | | |
| 16. | | must be disclosed on this application. It system. | f a <i>misdemeanor and/or felony</i> ? Any guilty Do not disclose violations that were adjudicate. | ated as a minor in the | | | | |
| | Yes | police. Applicants with convictions fro official criminal history record from e | ach an <i>original criminal history record</i> issued om other jurisdictions, other than Virginia; mueach state in which they have convictions. Vom the Virginia State Police at www.vsp.sta | ust provide an original 'irginia residents may | | | | |
| * | agency with la considered wi | lawful authority to issue such order, dec | of the final order, decree, or case decision by cree, or case decision; and any other informan the status of incarceration, parole or probation. | tion you wish to have | | | | |
| 17. | | ying for a temporary permit? DOES NO | T APPLY TO STUDENT INSTRUCTOR TEM | IPORARY PERMITS. | | | | |
| | No ☐ Yes ☐ | I, the undersigned, agree to super | nd sign the following sponsorship statement: rvise all activities related to the practice | | | | | |
| | | named applicant, and shall be responsible for his/her barber activities during the tin temporary permit is in force. | | | | | | |
| | | Printed Name of Sponsor | Signature of Sp | onsor | | | | |
| | | Sponsor's Virginia Esthetician/Master | Esthetician License No. | | | | | |

13.

| 18. | I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed an information that might affect the decision to approve this application. I certify that I will notify the Department if I a subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provision of Title 54.1, Chapter 7 of the Code of Virginia and the Virginia Board for Barbers and Cosmetology Regulations. | | | | | |
|-----|---|--|--|--|--|--|
| | Signatu | ire | Date | | | |
| 19. | Attach appeara | last 6 months to reflect your current | | | | |
| | \Rightarrow | | | | | |
| | \Rightarrow | taken in front of a plain white background | | | | |
| | \Rightarrow | be a full-face view, directly facing the camera with a neutral facial expression | | | | |
| | | | Click to attach a recent 2x2 head & shoulders photo Photocopy pictures are not permitted | | | |