PROFESSIO	ONAL CREDENTIAL SERVICES, INC.
Virginia Co	smetology Coordinator
Via USPS	Post Office Box 198768 (USPS)
	Nashville, TN 37219-8768
Via Courier	150 Fourth Avenue North, Suite 800
	Nashville, TN 37219
Toll Free:	(888) 822-3272
Fax:	(615) 846-0153
E-Mail:	vacos@pcshq.com
Website:	www.pcshq.com
Instructions:	Complete this form and mail it with a cashier's check, mo



Virginia Board for Barbers and Cosmetology COSMETOLOGY – COSMETOLOGY 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			
	1201 - Practical & Theory Exam	\$155.00			
	1201 - Practical Exam	\$80.00			
	1201 - Theory Exam	\$75.00			
	1204 - Instructor Exam	\$75.00			

	Last		First				Middle		Generation			
2.	Provide one of the	e following i	dentification n	umbers.								
		es every applicar	nt for a license, cert	ificate, regis		er authorization to	engage in a business irginia Department of M		or occupation issued			
3.	Date of Birth	MM/DD/YY	YYY									
4.	Maiden Name or I	Former Suri	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.	6. Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED			Che	ck here if St	reet Address is th	e <u>same</u> as the Mailing .	Address listed abo	ve.			
				City				State	Zip Code			
7.	Email Address											
8.	Contact Numbers											
Primary Tele				one		Alternate Te	lephone	F	ах			
OFFICE USE ONLY	DATE	FEE	trans code	ENT	TITY #	12	FILE #/LICENSE #		ISSUE DATE			

1.

Name

9.	Have you eve	r taken the Cosmetolo	gy or Cosmetolog	gy Instructor Ex	amination ir	n Virginia?	
	No 🗌						
	Yes 🗌	If yes, provide the foll	owing examinatio	n information			
		Cosmetology I	Exam	Month taken:			
				Year taken:			
		Cosmetology I	nstructor Exam	Month taken:			
				Year taken:			
10.	Do you hold a	current or expired Vir	ginia Barber, Cos	metology, or N	ail Technicia	an license, certifica	ation or registration?
	No 🗌						
	Yes 🗌	If yes, provide your lice	nse number and ex	piration date be	low		
		VA License Number				Expiration Date	
11.	Are you apply	ing to take the <u>Instruc</u>	tor Examination?				
	No 🗌	If we are she that falls		d al da ta anna d'a			
	Yes 🗌	If yes, provide the follow	wing information an	a skip to questic	n #13.		
		VA License Number				Expiration Date	
12.		d are you using to qua	5		5		
		letion of an approved a public school cosme	0,5	010	0		0,5
	0	quired Documentation: Attac	051 0		0		IIIOII
	Comp	letion of 1500 hours o	f cosmetology trai	ining which is s	substantially	equivalent to the	Virginia program that
		nined outside the Com		•			
	ven	<i>quired Documentation:</i> Atta ification from the Licensing Bo	ard in the state where th	e 1500 hours of train	ning were receive	ed.	OUTS OF INSTRUCTION OF WHITEN
		letion of substantially		0,5	. 0		0.
		onths of cosmetology nonwealth of Virginia, I	•		U		obtained outside the
	Red	quired Documentation: Atta npleted <u>Training & Experience</u>	ch a certificate, diploma	or other documenta	ntion verifying su	ccessful completion of th	e cosmetology course and a
		pletion of the Virginia		-		05 1	
	Red	quired Documentation: A co	mpleted Department of I	Labor and Industry fo	orm available fro	om your apprenticeship re	presentative
		nia licensed barber wi quired Documentation: Attac	5	•	cation Form		
	•	a licensed barber with			•	•	
		a cosmetology training quired Documentation: Attac				s completed at a b	arber school
		etology training obtain quired Documentation: Attac					
		ears of cosmetology e				5	
13.		<i>quired Documentation: Attac</i> a <u>current</u> or <u>expired</u> E				onco cortification	or registration in any
15.	state or jurisd	iction within the United		0.5			
	No 🗌						
	Yes 🗌	If yes, complete the f	5		Castler D	adaturation NI - 1	Emiretter D. I
		State/Ju	risdiction	License, Certi	fication or Re	egistration Number	Expiration Date

State/Jurisdiction	License, Certification or Registration Number	Expiration Date		

- 14. Have you ever been subject to a disciplinary action taken by <u>any</u> (including Virginia) local, state or national regulatory body?
 - No 🗌
 - Yes 🔲 If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
- 15. 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 <u>denied</u> by any (including Virginia) local, state or national regulatory body?
 - No 🗌
 - Yes 🗌 If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.
- 16. Have you ever been convicted in any jurisdiction of a *misdemeanor and/or felony*? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.

No

- Yes If yes, applicants are <u>required</u> to attach an <u>original criminal history record</u> issued by the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original official criminal history record from each state in which they have convictions. Virginia residents may request complete criminal records from the Virginia State Police at <u>www.vsp.state.va.us</u> or by phone at 804-374-6718.
- For each conviction, please provide a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; <u>and</u> any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation etc.).
- 17. Are you applying for a temporary permit? DOES NOT APPLY TO STUDENT INSTRUCTOR TEMPORARY PERMITS.
 - 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 cosmetology for the named applicant, and shall be responsible for his/her cosmetology activities during the time the temporary permit is in force.

Printed Name of Sponsor		Signature of Sponsor							
Sponsor's Virginia Cosmetology License Number									
I, the undersigned, certify that the foregoing statements and a	answers	s are tr	rue, and	I have	e not e	suppre	essed	any	
information that might affect the Board's decision to approve this a	applicatio	on. I ce	ertify that I	will no	otify the	e Depa	artmer	nt if I	
			5						

18. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am 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 provisions of Title 54.1, Chapter 7 of the Code of Virginia and the Virginia Board for Barbers and Cosmetology Regulations.

Signature _____ Date _____

- 19. 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:
 - \Rightarrow sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
 - \Rightarrow taken in front of a plain white background
 - be a full-face view, directly facing the camera with a neutral facial expression

Attach Photo Here. Photocopy pictures are not permitted.