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Virginia Board for Barbers and Cosmetology
 MASTER ESTHETICIAN – MASTER ESTHETICS INSTRUCTOR
 EXAMINATION & LICENSE APPLICATION

Instructions: 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 Professional Credential Services, Inc. at the address listed above.

APPLICATION FEES ARE NOT REFUNDABLE

Select one examination type you are requesting:

<input checked="" type="checkbox"/>	License Type	Fee
<input type="checkbox"/>	1264 - Practical & Theory Exam	\$155.00
<input type="checkbox"/>	1264 - Practical Exam	\$80.00
<input type="checkbox"/>	1264 - Theory Exam	\$75.00
<input type="checkbox"/>	1265 - Instructor Exam	\$75.00

1. Name _____
Last First Middle Generation

2. Provide one of the following identification numbers.

Social Security Number or Virginia DMV Control Number* - -

* 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 Name or Former Surname(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 not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS REQUIRED

City State Zip Code

7. Email Address _____

8. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

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

14. Have you ever been subject to a disciplinary action taken 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.
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 denied 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 required to attach an *original criminal history record** 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 www.vsp.virginia.gov or by phone at 804-674-6718.

* 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; and 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. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the 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 Esthetics 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

