

**PROFESSIONAL CREDENTIAL SERVICES, INC.**

Virginia Cosmetology Coordinator

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**Virginia Board for Barbers and Cosmetology  
NAIL TECHNICIAN – NAIL TECHNICIAN 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:

<input checked="" type="checkbox"/>	License Type	Fee
<input type="checkbox"/>	1206 - Practical & Theory Exam	\$155.00
<input type="checkbox"/>	1206 - Practical Exam	\$80.00
<input type="checkbox"/>	1206 - Theory Exam	\$75.00
<input type="checkbox"/>	1207 - 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 \_\_\_\_\_

Office Use Only	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		12	

8. Contact Numbers

Primary Telephone

Alternate Telephone

Fax

9. Have you ever taken the Nail Technician or Nail Technician Instructor Examination in Virginia?

No ☐

Yes ☐ If yes, provide the following examination information

☐ Nail Technician Exam

Month taken: \_\_\_\_\_

Year taken: \_\_\_\_\_

☐ Nail Technician Instructor Exam

Month taken: \_\_\_\_\_

Year taken: \_\_\_\_\_

10. Do you hold a current or expired Virginia Barber, Cosmetology, or Nail Technician license, certification or registration?

No ☐

Yes ☐ If yes, provide your license number and expiration date below

VA License Number

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Expiration Date

\_\_\_\_\_

11. Are you applying to take the Instructor Examination?

No ☐

Yes ☐ If yes, provide the following information and skip to question #13.

VA License Number

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Expiration Date

\_\_\_\_\_

12. Which method are you using to qualify for the examination? Select only **ONE**.

☐ Completion of an approved nail technician training program in a Virginia licensed nail technician school or a Virginia public school nail technician program approved by the Virginia Department of Education

*Required Documentation: Attach a completed Training & Experience Verification Form*

☐ Completion of 150 hours of nail technician training which is substantially equivalent to the Virginia program that is obtained outside the Commonwealth of Virginia, but within the United States and its territories

*Required Documentation: Attach a diploma or official school transcript indicating successful completion of 150 hours of instruction or written verification from the Licensing Board in the state where the 150 hours of training were received*

☐ Completion of substantially equivalent nail technician course (consisting of less than 150 hours of training) and six months of nail technician work experience. Both training and experience must be obtained outside the Commonwealth of Virginia, but within the United States and its territories

*Required Documentation: Attach a certificate, diploma or other documentation verifying successful completion of the nail technician course and a completed Training & Experience Verification Form documenting at least six months of nail technician work experience*

☐ Completion of the Virginia apprenticeship program in nail care

*Required Documentation: A completed Department of Labor and Industry form available from your apprenticeship representative*

☐ Nail technician training obtained in any Virginia state institution

*Required Documentation: Attach a completed Training & Experience Verification Form*

13. Do you hold a current or expired Barber, Cosmetology, or Nail Technician license in any state or jurisdiction within the United States or its territories (excluding Virginia) ?

No ☐

Yes ☐ If yes, complete the following table and provide an original Certification of Licensure/Letter of Good Standing dated within the last 60 of days.\*

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

\* Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license or renewal fee; 4) *the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirements that were met to qualify for licensure*; and 5) *all closed disciplinary actions resulting in a violation or undetermined finding*; and 6) *an original authorized signature and Board/Department seal*.

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.state.va.us](http://www.vsp.state.va.us) 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; 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. 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 nail care for the named applicant, and shall be responsible for his/her nail technician activities during the time the temporary permit is in force.**

\_\_\_\_\_  
Printed Name of Sponsor

\_\_\_\_\_  
Signature of Sponsor

Sponsor's VA Nail Technician or Cosmetology License No.

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18. 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 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:

- ⇒ 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

**Click to attach a recent 2x2  
head & shoulders photo**

*Photocopy pictures are not permitted*