Commonwealth of Virginia

Department of Professional and Occupational Regulation

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

Via USPS Post Office Box 198768 (USPS)

Nashville, TN 37219-8768

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Virginia Board for Barbers and Cosmetology WAX TECHNICIAN – WAX TECHNICIAN 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 <u>examination fee</u>, payable to Professional Credential Services, Inc. at the address listed above.

## APPLICATION FEES ARE NOT REFUNDABLE

Select one examination type you are requesting:

×	License Type	Fee				
	1214 - Practical & Theory Exam	\$155.00				
	1214 - Practical Exam	\$80.00				
	1214 - Theory Exam	\$75.00				
	1215 - Instructor Exam	\$75.00				

1.	Name						Generation				
2.	Last	f the following		First Middle							
۷.	Provide <u>one</u> o	ecurity Number		umbers. /irginia DMV Contro	* Number						
					er authorization to engage in a buer issued by the Virginia Departme		or occupation issued				
3.	Date of Birth	MM/DD/N									
4.	Maiden Name	or Former Sur	name(s)								
5.		ess (PO Box access is submitted, be printed on the	the mailing								
6.	6. Street Address (PO Box not accepted) PHYSICAL ADDRESS REQUIRED  City Check here if Street Address is the same as the Mailing Address listed above.						Zip Code				
7.	Email Address	S	Ci	ly		State	Zip Code				
8.	Contact Numb	ers	Primary Telepho	ne	Alternate Telephone	F	ax				
					·						
OFFICE USE	DATE	FEE	TRANS CODE	ENTITY#	FILE #/LICENS	SE #	ISSUE DATE				
ONLY			1020		12						

9.	Have you ever	r taken the Wax Technic	cian o	ır Wa	ax Tech	ınicia	an In	struct	or Exa	mina	tion in Vir	ginia?				
	No 🗆															
	Yes	If yes, provide the follow	J		nination	ı info	rmat	ion								
		Wax Technician	Exan	n				aken	:							
						Ye	ar ta	ken:	-							
		Wax Technician	Instru	uctor	r Exam	Мо	onth t	aken	:							
						Ye	ar ta	ken:								
10.	Do you <u>currer</u> No □	<i>ntly</i> hold or have you be	en <i><u>p</u>i</i>	<u>revi</u>	<i>ously</i> li	cens	ed ir	n Virgi	inia as	a Wa	ax Techni	cian?				
	Yes	If yes, provide your lice	nse r	numb	oer and	ехрі	iratio	n dat	e belov	V						
		VA License Number		$\Box$							Expira	tion Dat	e			
11.	Are you applyi No □	ring to take the <u>Instructor</u>	Exar	mina	ation?				·							
	Yes	If yes, provide the follow	wing i	infor	mation	and	skip	to qu	estion :	#13.						
		VA License Number		$\Box$							Expira	tion Dat	e			
12.	Which method	d are you using to qualify	y for t	he e	examina	ition?	? Sel	ect o	nly <u>ON</u> l	Ę.	ı					
	Virginal Vir	impletion of an approve ginia public school wax to it is substantially equivalent at it is substantially equivalent at it is obtained outside the deguired Documentation: Attack at it is obtained outside the deguired Documentation: Attack at it is obtained outside the deguired Documentation: Attack at it is completed Training & Experience at its completed Training & Experience at its completed Documentation: ENTLY and a public deguired Documentation: E	techn lent to the a com of wax e Com och a dip and in the y equi hnicia inia, b the a certific ogist	niciar the technimor coloma ivale ivale an w out w cation	n progra e Virginia d <u>Training</u> hnician nwealth or official the where the ent wax york exp vithin th e, diploma or form doc	am a a Pro a & Exp train of V school tech tech or oth or oth	appro ograr verience 'irgini of trans ince. nited heer doc	which ia, bu script in, of training the State umental least si	is sub is sub it within indicating s ining were urse (co training is and it	/irgin	ially equivalent of the completing of less described experier of the control of t	valent to ates and ion of 115 in ss than nce mus	the Viid its terrihours of in	rginia ritories nstruction urs of tained	progr s on or wo traini	ram  ritten  ing) side
	Re	Required Documentation: ENTI	ER VII	RGIN	IA COSN	ЛЕТО	LOG	Y LICE	INSE NO	):						
		ax Technician training ob Required Documentation: Attact			,	0				<u>rm</u>						
	_	o years of waxing experi														
13.	•	a <u>current</u> or <u>expired</u> wax ates or its territories (exc					certif	ficatio	n, or re	egistr	ation in a	any state	e or juri	sdiction	on wit	thin
	No  Yes	If yes, complete the foll	lowin	g tat	ole.											
		State/Juris				Lice	ense,	Certif	ication (	or Re	gistration N	Number	Ехр	iration	Date	
																$\neg$
																$\dashv$

14.	body?	er been subject to a disciplinary action taken by <u>any</u> (in	cluding Virginia) local, state or national regulatory
	No  Yes	If yes, provide a certified copy of the final order, decree with lawful authority to issue such order, decree or case	, , , ,
15.	barbering, co	er had an application for licensure, certification or registrosmetology, waxing, nail care, esthetics, body-piercing r national regulatory body?	•
	Yes	If yes, provide a certified copy of the final order, decree of lawful authority to issue such order, decree or case decision	
16.	contendere n juvenile court	er been convicted in any jurisdiction of a <i>misdemeand</i> nust be disclosed on this application. Do not disclose to system.	, , , , ,
	No	If yes, applicants are <u>required</u> to attach an <u>original cr</u> police. Applicants with convictions from other jurisdict official criminal history record from each state in whi request complete criminal records from the Virginia St at 804-674-6718.	ions, other than Virginia; must provide an original ch they have convictions. Virginia residents may
*	agency with la considered w	viction, please provide a certified copy of the final order, awful authority to issue such order, decree, or case decith this application (e.g., information on the status of incompact of the status of incompact of the status o	ision; and any other information you wish to have
17.	Are you apply	ying for a temporary permit?	
	Yes	If yes, your sponsor must complete and sign the follow	ing sponsorship statement:
		I, the undersigned, agree to supervise all activit named applicant, and shall be responsible for I temporary permit is in force.	
		Printed Name of Sponsor	Signature of Sponsor
		Sponsor's Virginia Wax Technician or Cosmetology Lic	ense No.
18.	information the subject to an requested lice	signed, certify that the foregoing statements and ans nat might affect the decision to approve this application by disciplinary action or convicted of a felony or misdenesse. I certify that I have read, understood and complie Chapter 7 of the Code of Virginia and the Virginia Book	. I certify that I will notify the Department if I am meanor (in any jurisdiction) prior to receiving the d with all the laws of Virginia under the provisions
	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

  - be a full-face view, directly facing the camera with a neutral facial expression

Attach Photo Here.
Photocopy pictures are
not permitted.