

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
Professional Credential Services, Inc.
 P.O. Box 198768
 Nashville, TN 37219-8768
 Telephone No.: 888-822-3272
 Email: cosandbar@pcshq.com
 Website: www.pcshq.com



FINAL - APRIL 2019

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.
- Any applicant who does not pass an examination within one year of the initial examination date shall be required to submit a new application and examination fee.

APPLICATION FEES ARE NOT REFUNDABLE

Select one examination type you are requesting:

<input checked="" type="checkbox"/>	Examination Type	Fee
<input type="checkbox"/>	1301 - Practical & Theory Exam	\$185.00
<input type="checkbox"/>	1301 - Practical Exam	\$93.00
<input type="checkbox"/>	1301 - Theory Exam	\$92.00
<input type="checkbox"/>	1302 - Instructor Exam	\$92.00

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ Last (required) _____ First (required) _____ Middle _____ Generation _____

2. Provide at least one of the following identification numbers*:

Social Security Number and/or

--	--	--	--	--	--	--	--	--	--	--	--

Virginia DMV Control Number

--	--	--	--	--	--	--	--	--	--	--	--

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* 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 or Former Name(s) _____

5. Mailing Address (PO Box accepted) _____
 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. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

8. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

FINAL - APRIL 2019

OFFICE USE ONLY	DATE	FEE	TRANS CODE 1020	ENTITY #	FILE #/LICENSE # 13	ISSUE DATE
-----------------	------	-----	--------------------	----------	------------------------	------------

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

No

Yes If yes, provide the following examination information

Barber Exam Practical Exam _____ Theory Exam _____
 (Month/Year taken) (Month/Year taken)

Barber Instructor Exam Month/Year taken: _____

10. Have you been previously licensed in Virginia as a practitioner or instructor in the fields of **Barber, Master Barber, Cosmetology, Nail Technician, or Wax Technician**?

No

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

VA License Number

--	--	--	--	--	--	--	--	--	--	--	--

 Expiration Date _____

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

Completion of an approved barber training program in a Virginia licensed barber school or a Virginia public school barber program approved by the Virginia Department of Education
Required Documentation: Attach a completed Training & Experience Verification Form

Completion of 1100 hours of barber 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 1100 hours of instruction or written verification from the Licensing Board in the state where the 1100 hours of training were received

Completion of substantially equivalent barber course (consisting of less than 1100 hours of training) and six months of barber 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 barber course and a completed Training & Experience Verification Form documenting at least six months of barber work experience

Completion of the Virginia apprenticeship program in barbering
Required Documentation: A completed Department of Labor and Industry form available from your apprenticeship representative

Virginia licensed cosmetologist with a minimum of two years of work experience
 VA License Number

--	--	--	--	--	--	--	--	--	--	--	--

 Expiration Date _____
Required Documentation: Attach a completed Training & Experience Verification Form

Virginia licensed cosmetologist with less than two years of work experience and cosmetology student enrolled in a Virginia barber training school and seeking credit for performances completed at a cosmetology school
 VA License Number

--	--	--	--	--	--	--	--	--	--	--	--

 Expiration Date _____
Required Documentation: Attach a completed Training & Experience Verification Form

Barber training obtained in any Virginia state institution
Required Documentation: Attach a completed Training & Experience Verification Form

Two years of barbering experience in the United States armed forces
Required Documentation: Attach a completed Training & Experience Verification Form

Applying to take the Instructor examination, provide Virginia license number
 VA License Number

--	--	--	--	--	--	--	--	--	--	--	--

 Expiration Date _____

Previously licensed in Virginia by examination and past the reinstatement period.
Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.

Endorsement applicant required to complete Virginia examination.
Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology.

12. Do you hold a current or have you ever held a **Barber, Master Barber, Cosmetology, Nail Technician, or Wax Technician** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?

No

Yes If yes, complete the following questions.

A. List the following state/jurisdiction where a license, certification or registration has been issued:

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

B. Are you in good standing as a licensed, certified, or registered professional for the states/ jurisdictions listed above?

Yes

No If **no**, provide an original Certification of Licensure* (dated within the last 60 days) from each state/jurisdiction where you are **not** in good standing.

* Certifications of Licensure, 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 4) *the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure;* and 5) *all closed disciplinary actions resulting in a violation or undetermined finding. Certification must be mailed directly to:*

Board for Barbers and Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

13. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body? This includes but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of a license.

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

14. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, master 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, complete the [Denial of Licensure Reporting Form](#).

15. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 20 years? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor involving moral turpitude, sexual offense, drug distribution or physical injury** within the last two (2) years? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

16. 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 barbering for the named applicant, and shall be responsible for his/her barber activities during the time the temporary permit is in force.

Printed Name of Sponsor

Signature of Sponsor

Sponsor's Virginia Barber's License No.

--	--	--	--	--	--	--	--	--	--	--	--

17. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession 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 _____

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

