



Virginia Board for Barbers and Cosmetology
REINSTATEMENT APPLICATION

IF YOUR LICENSE EXPIRED MORE THAN 2 YEARS AGO, DO NOT COMPLETE THIS REINSTATEMENT APPLICATION.
 INSTEAD, YOU MUST RE-APPLY AS A NEW APPLICANT.

Select one license you are reinstating.

* License Type	Individual	Individual w/ Instructor Certificate	Salon, Shop, Spa or Parlor	School
REINSTATEMENT FEE	\$ 210.00	\$ 300.00	\$ 380.00	\$ 440.00
<input type="checkbox"/> Barber	1301	1302	1304	1303
<input type="checkbox"/> Cosmetologist	1201	1204	1202	1205
<input type="checkbox"/> Nail Technician	1206	1207	1208	1209
<input type="checkbox"/> Wax Technician	1214	1215	1218	1219
<input type="checkbox"/> Tattooer	1231	1239	1232	1251
<input type="checkbox"/> Permanent Cosmetic Tattooer	1236	1250	1238	1252
<input type="checkbox"/> Master Permanent Cosmetic Tattooer	1237			
<input type="checkbox"/> Esthetician	1261	1262	1266	1267
<input type="checkbox"/> Master Esthetician	1264	1265		
<input type="checkbox"/> Body Piercer	1241		1242	
<input type="checkbox"/> Body Piercer (Ear Only)	1245		1246	

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

- Virginia License Number: Expiration Date _____
- Are you applying to reinstate an **individual license** or a license with an instructor certificate?
 - No If no, skip to question #10
 - Yes
- Name _____

Last	First	Middle	Generation
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- 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.
- Date of Birth _____
MM/DD/YYYY
- Mailing Address (PO Box accepted) _____
 If a mailing address is submitted, the mailing address will be printed on the license.

City State Zip Code

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			4020			

7. 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

8. Email Address _____

9. Contact Numbers _____
 Primary Telephone Alternate Telephone Fax

10. Are you applying to reinstate a **salon, shop, spa, parlor** or **school** license?

- No If no, skip to question #19
 Yes

11. Salon, Shop, Spa, Parlor or School Name _____

12. Trade Name of Salon, Shop, Spa, Parlor or School _____

13. Select **one** of the following and provide the information below.

Business Federal Employer Identification Number (FEIN) ♦

____ - _____
 Federal Employer Identification Number (12-3456789)

♦ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

Sole Proprietor's/Individual's Social Security Number or

____ - ____ - _____
 Social Security or Virginia DMV Number (123-45-6789)

Virginia Department of Motor Vehicles 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.

14. Salon, Shop, Spa, Parlor or School Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

 City State Zip Code

15. Salon, Shop, Spa, Parlor or School Contact Numbers _____
 Primary Telephone Alternate Telephone

16. Type of business entity (select only **one**)

- Sole Proprietorship Limited Partnership ♦ Limited Liability Company ♦ Other, please specify:
 Association General Partnership Corporation ♦

State Corporation Commission Number: _____

♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

17. Enter the following information for each owner (sole proprietor, general partners, association members) or manager of the salon, shop, spa, parlor, or school.

Full Name	Address	Birth Date	Social Security No. or VA 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.

18. List your reasons for failing to renew your license. If additional space is needed, attach a separate sheet of paper.

19. Have you, the salon, shop, spa, parlor, school or any of the owners 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.
20. 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.
21. 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.).

22. 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 the salon, shop, spa, parlor, school or any owner is 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/the owners 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, Wax Technician Regulations, Body-Piercing Regulations, Tattooing Regulations and Esthetics Regulations, as applicable.

Signature _____ Date _____

⇒ SCHOOL APPLICANTS MUST ATTACH A NOTARIZED STATEMENT THAT ALL STUDENTS CURRENTLY ENROLLED OR SEEKING TO ENROLL AT THE SCHOOL HAVE BEEN NOTIFIED IN WRITING THAT THE SCHOOL'S LICENSE EXPIRED. THE BOARD WILL CONSIDER REINSTATEMENT IF THE SCHOOL CONSENTS TO, AND SATISFACTORILY PASSES AN INSPECTION OF THE SCHOOL AND ITS RECORDS MAINTAINED IN ACCORDANCE WITH THE BOARD FOR BARBERS AND COSMETOLOGY REGULATIONS.