Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-8509 www.dpor.virginia.gov



## 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
	Barber	1301	1302	1304	1303
	Cosmetologist	1201	1204	1202	1205
	Nail Technician	1206	1207	1208	1209
	Wax Technician	1214	1215	1218	1219
	Tattooer	1231	1239	1232	1251
	Permanent Cosmetic Tattooer	1236	1250	1238	1252
	Master Permanent Cosmetic Tattooer	1237			
	Esthetician	1261	1262	1266	1267
	Master Esthetician	1264	1265		
	Body Piercer	1241		1242	
	Body Piercer (Ear Only)	1245		1246	

A check or money order payable to the TREASURER OF VIRGINIA,

	or a co		<u>d insert</u> must be ma ATION FEES ARE NO	,	11 1 3		
1.	Virginia License Numbe	er:			Expiration Date	<u> </u>	
2.	Are you applying to rein  No If no, skip Yes	state an <b>individu</b> to question #10	al license or a licen	se with an in	structor certificate	?	
3.	Name Last		First	<u>_</u>	<i>f</i> liddle		Generation
4.	Provide one of the follow	wing identification	numbers.				
	Social Security Nu	mber or 🔲 \	/irginia DMV Control N	lumber *	-	_	
			e, certificate, registration of all security number or a con				
5.	Date of Birth	M/DD/YYYY					
6.	Mailing Address (PO Bo	ox accepted)					
	If a mailing address is submitted, the mailing address will be printed on the license.						
			City			State	Zip Code
DFFICE	DATE FEE	TRANS CODE	ENTITY #		FILE #/LICENSE #		ISSUE DATE
USE ONLY		4020					

1.	Street Address (PO Box <u>no</u> PHYSICAL ADDRESS RI	• •	ere ii Street Address i	s the <u>same</u> as the Mailir	ng Address listed abo	ove.
		City				Zip Code
8.	Email Address	•				
9.	Contact Numbers					
10.	Are you applying to reinstat  No If no, skip to  Yes	Primary Telephone e a <b>salon, shop, spa, parlo</b> question #19		Telephone nse?		Fax
11.	Salon, Shop, Spa, Parlor or	School Name				
12.	Trade Name of Salon, Shor					
13.	<ul> <li>Business Federal Employers</li> <li>State law requires every applia security number or a control normal properties of the security of the se</li></ul>	and provide the information over Identification Number (FEII cant, who is not a sole proprietor, to prumber issued by the Virginia Department of Valla's Social Security Number of Motor Vehicles Control Number ant for a license, certificate, registration de a social security number or a control security nu	N)* Foovide a federal emplor of Motor Vehicles.  * Sometimes of the second of the seco	- cocial Security or Virginia	er. Sole proprietors  - Language	must provide a socia
14.	Salon, Shop, Spa, Parlor or PHYSICAL ADDRESS REQ	School Street Address (PO UIRED	Box <u>not</u> accept	ed)		
		City			State	Zip Code
15.	Salon, Shop, Spa, Parlor or	School Contact Numbers				<del>-</del>
14	Type of hydiness entity (cal	oct only <b>on</b> o)	Primary 1	elephone	Alternate	Telephone
16.	Type of business entity (sel  Sole Proprietorship Association State Corporation Cor	☐ Limited Partnership ◆ ☐ General Partnership	Corporation			ase specify:
		ition Commission. For additional i				
17.	Enter the following information the salon, shop, spa, parlor	ion for each owner (sole pro , or school.	prietor, genera	l partners, associ	ation members	) or manager of
	Full Name	Address		Birth Date		curity No. or ntrol Number*
	* State law	requires every applicant for a license,	certificate, registratio	n or other authorization	to engage in a busin	ess, trade, profession

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 re	List your reasons for failing to renew your license. If additional space is needed, attach a separate sheet of paper.				
19.	,	, the salon, shop, spa, parlor, school or any of the own	ers ever been subject to a disciplinary action taken by			
	<u>any</u> (includ No	ding Virginia) local, state or national regulatory body?				
	Yes	If yes, provide a certified copy of the final order, downth lawful authority to issue such order, decree or	ecree or case decision by a court or regulatory agency case decision.			
20.	,	ever had an application for licensure, certification or re-	egistration as a practitioner or instructor in the fields of			
		, cosmetology, waxing, nail care, esthetics, body-piercii ational regulatory body?	ng, or tattooing denied by any (including Virginia) local,			
	No [					
	Yes	If yes, provide a certified copy of the final order, do with lawful authority to issue such order, decree or	ecree or case decision by a court or regulatory agency			
21.	Have you	ever been convicted in any jurisdiction of a <i>misdem</i>				
	contendere	re must be disclosed on this application. Do not disclo				
	•	ourt system.				
	No Yes	If we applicants are required to attach an origin	al ariminal history record issued by the Virginia State			
	Yes _	police. Applicants with convictions from other juris official criminal history record from each state in request complete criminal records from the Virgin	al criminal history record* issued by the Virginia State sdictions, other than Virginia; must provide an original which they have convictions. Virginia residents may ia State Police at <a href="https://www.vsp.virginia.gov">www.vsp.virginia.gov</a> or by phone			
	t For oach (	at 804-674-6718.	order, deeree er eese deelslan hy e eeust er reguleten.			
,	agency wi considered	conviction, please provide a certified copy of the final of with lawful authority to issue such order, decree, or case and with this application (e.g., information on the status station of rehabilitation etc.).	e decision; and any other information you wish to have			
22.	information salon, sho misdemear understood Virginia and	dersigned, certify that the foregoing statements and in that might affect the decision to approve this applic op, spa, parlor, school or any owner is subject to anor (in any jurisdiction) prior to receiving the request and complied with all the laws of Virginia under the the Virginia Board for Barbers and Cosmetology Rems, Tattooing Regulations and Esthetics Regulations, and	cation. I certify that I will notify the Department if the any disciplinary action or convicted of a felony or ested license. I certify that I/the owners have read, the provisions of Title 54.1, Chapter 7 of the Code of egulations, Wax Technician Regulations, Body-Piercing			
	Signature		Date			
	SEEKIN THE BO	OL APPLICANTS MUST ATTACH A NOTARIZED STATEM NG TO ENROLL AT THE SCHOOL HAVE BEEN NOTIFIED OARD WILL CONSIDER REINSTATEMENT IF THE SCHO CTION OF THE SCHOOL AND ITS RECORDS MAINTAINI	) IN WRITING THAT THE SCHOOL'S LICENSE EXPIRED. OL CONSENTS TO, AND SATISFACTORILY PASSES AN			

AND COSMETOLOGY REGULATIONS.