

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](mailto:cosandbar@pcshq.com)  
 Website: [www.pcshq.com](http://www.pcshq.com)



Department of Professional and Occupational Regulation  
**FINAL - APPROVED 2017**  
**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 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:

| x                        | License Type                   | Fee      |
|--------------------------|--------------------------------|----------|
| <input type="checkbox"/> | 1214 - Practical & Theory Exam | \$185.00 |
| <input type="checkbox"/> | 1214 - Practical Exam          | \$93.00  |
| <input type="checkbox"/> | 1214 - Theory Exam             | \$92.00  |
| <input type="checkbox"/> | 1215 - 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) \_\_\_\_\_  
**PHYSICAL ADDRESS REQUIRED**

Check here if Street Address is the same as the Mailing Address listed above.

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 - APPROVED 2017**

| OFFICE USE ONLY | DATE | FEE | TRANS CODE | ENTITY # | FILE #/LICENSE # | ISSUE DATE |
|-----------------|------|-----|------------|----------|------------------|------------|
|                 |      |     | 1020       |          | 12               |            |

9. Have you ever taken the **Wax Technician** or **Wax Technician Instructor** examination in Virginia?
- No
- Yes  If yes, provide the following examination information
- Wax Technician Exam      Month/Year taken: \_\_\_\_\_
- Wax Technician Instructor Exam      Month/Year taken: \_\_\_\_\_
10. Have you been ***previously*** licensed in Virginia as a practitioner or instructor in the fields of **Barber, Cosmetology, Nail Technician, or Wax Technician**?
- No
- Yes  If yes, provide your license number and expiration date below
- VA License Number 

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      Expiration Date \_\_\_\_\_
11. Which method are you using to qualify for the examination? Select only **ONE**.
- Completion of an approved wax technician training program in a Virginia licensed waxing school or a Virginia public school wax technician program approved by the Virginia Department of Education or training that is substantially equivalent to the Virginia Program
- Required Documentation: Attach a completed Training & Experience Verification Form*
- Completion of 115 hours of wax 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 115 hours of instruction or written verification from the Licensing Board in the state where the 115 hours of training were received.*
- Completion of substantially equivalent wax technician course (consisting of less than 115 hours of training) and six months of wax 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 wax technician course and a completed Training & Experience Verification Form documenting at least six months of wax technician work experience*
- Virginia licensed cosmetologist, provide license number and expiration date
- VA License Number 

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      Expiration Date \_\_\_\_\_
- Wax Technician training obtained in any Virginia state institution
- Required Documentation: Attach a completed Training & Experience Verification Form*
- Two years of waxing experience in the United States armed forces
- Required Documentation: Attach a completed Training & Experience Verification Form*
- Applying to take the Wax Technician ***Instructor*** examination
- VA License Number 

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      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, 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, 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?

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

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

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

Sponsor's VA **Wax Technician** or **Cosmetology** License No.

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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

