Licensure Fee Notice

Congratulations on passing your licensure examination! To obtain your license from the Virginia Department of Professional and Occupational Regulation, complete the following questions below, remit the appropriate fee, and mail to:

Department of Professional and Occupational Regulation Board for Barbers and Cosmetology 9960 Mayland Drive, Suite 400 Richmond, VA 23233-1485

All forms must be legible.

	Check Check	Check this box if any information below is different from your original exam application. Check this box if you have been convicted in any jurisdiction of a felony or misdemeanor after submitting your <u>original exam application</u> . Check this box if you have been subject to any disciplinary action after submitting your <u>original exam application</u> . Full Legal Name (As it appears on your government issued ID or other legal documentation.)																		
	First	(required)					Middle							Last (required) Generation						
2.	Provide <u>one</u> of the following identification numbers*: Social Security Number or Virginia DMV Control Number														or occupat	on issued	d by the			
3.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED																			
		11113107	IL ADI	JILJ	J KLQ	JIIVLI	J	City	City							State Zip Code				
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	USE ONLY																			
Applic	cant's Na	ame:															(if differe	ent from Ca	ard Holder	name)
Credi	t Card N	lumber:														Card Expiratio	n Date:		_ /	
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Card Holder's Billing Address:																(as it appears on the card) Daytime Phone Number: (optional)				
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Card	Holder's	Signature	e of au	ıthori	zation:	_											Date:			