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 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 original exam application?

☐ Check this box if you have been subject to any **disciplinary action** after submitting your original exam application?

1. Name _____ _____ _____ _____
   Last First Middle Generation

2. 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.

3. Street Address (PO Box not accepted) _____
   PHYSICAL ADDRESS REQUIRED

   _____ _____ _____
   City State Zip Code

4. Type of License:

   - ☐ Cosmetology ($105.00) - 1201
   - ☐ Barber ($105.00) - 1301
   - ☐ Permanent Cosmo. Tattooer ($105.00) - 1236
   - ☐ Body Piercing ($105.00) - 1241
   - ☐ Wax Technician ($105.00) - 1214
   - ☐ Tattooing ($105.00) - 1231
   - ☐ Esteticians ($105.00) - 1261
   - ☐ Master Esthetician ($105.00) - 1264
   - ☐ Nail Technician ($105.00) - 1206
   - ☐ Cosmetology Instructor ($125.00) - 1204
   - ☐ Barber Instructor ($125.00) - 1302
   - ☐ Nail Technician Instructor ($125.00) - 1207
   - ☐ Wax Technician Instructor (125.00) - 1215
   - ☐ Esthetician Instructor ($125.00) - 1262
   - ☐ Master Esthetician Instructor ($125.00) - 1265

5. By Signing and submitting this Licensure Fee Notice, you certify continued compliance with the Board's Standards of Practice and Conduct.

   Signature: _____ Date: _____

6. Form of Payment: (Made payable to Treasurer of Virginia)

   ☐ Check or Money Order ☐ Credit Card (Visa, MasterCard, and Discover are accepted.)

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

Applicant's Name: _____ (if different from Card Holder name)

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Card Expiration Date: ____ / ____
Month Year

Payment Amount: _____ Card Holder Name: _____
(as it appears on the card)

Card Holder's Billing Address: _____ Daytime Phone Number: _____
(optional)

_____ _____ _____
City State Zip Code

Card Holder's Signature of authorization: _____ Date: _____