Commonwealth of Virginia
Department of Professional and Occupational Regulation
PO Box 29570
Richmond, Virginia 23242-0570
(804) 367-8509
www.dpor.virginia.gov



Virginia Board for Barbers and Cosmetology INDIVIDUALS - 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.

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select <u>one</u> license you are reinstating.

×	License Type	Individual	Individual w/ Instructor Certificate		
	REINSTATEMENT FEE	\$ 150.00	\$ 200.00		
	Barber	1301	1302		
	Cosmetologist	1201	1204		
	Nail Technician	1206	1207		
	Wax Technician	1214	1215		
	Tattooer*	1231	1239		
	Permanent Cosmetic Tattooer*	1236	1250		
	Master Permanent Cosmetic Tattooer*	1237			
	Esthetician	1261	1262		
	Master Esthetician	1264	1265		
	Body Piercer *	1241			
	Body Piercer (Ear Only)*	1245			

CO	Il licensed <u>Body Piercers/Body Piercers - Ear Only/Tattood</u> mplete Continuing Education requirements set forth in <u>18 VA</u> the Tattooing Regulations prior to renewal or reinstatement.									•
1.	Virginia License Number:									
2.	Full Legal Name (As it appears on your government iss	ued ID or	other le	gal doc	umenta	ation.)				
	Last (required) First (required)			N	iddle					Generation
3.	Provide at least one of the following identification nur	nbers*:								
	Social Security Number and/or		-			-]	
	<u>Virginia</u> DMV Control Number									
	Enter the same identification number as used on examination, previous applications or licenses on file with the department.									
	Enter the same identification number as used on examination, pre	evious applica	ations or li	censes o	n file wit	h the de	epartme	nt.	-	
	 Enter the same identification number as used on examination, pre State law requires every applicant for a license, certificate, registr by the Commonwealth to provide a social security number or a co 	ation or other	authoriza	ition to e	ngage ir	a busir	ness, tra	ade, prof		occupation issued
4.	* State law requires every applicant for a license, certificate, registr	ation or other	authoriza	ition to e	ngage ir	a busir	ness, tra	ade, prof		occupation issued
4.	* State law requires every applicant for a license, certificate, registr by the Commonwealth to provide a social security number or a co	ation or other	authoriza	ition to e	ngage ir	a busir	ness, tra	ade, prof		occupation issued

FINAL - APPROVED 2017

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

6.	Mailing Address (PC The mailing address printed on the	ess will be	City		State	Zip Code
7.	Street Address (PO PHYSICAL ADDI	Box <u>not</u> accepted) RESS REQUIRED	Check here if Street Address is the <u>same</u> as the Mailing Add		ress listed abo	ve.
			City		State	Zip Code
8.	Contact Numbers					
•	E "ALI	Primary Teleph	ione	Alternate Telephone	ŀ	ax
9.	Email Address	Email addross	e is cons	idered a public record and will be disclosed upon reque	est from a thi	d narty
10.	Tattooer, or Master No	permanent Cosmeticate a detail	Pierce ic tatto or offi All hea on the l	er's, Body Piercer's Ear Only, Tattooing oper license? cial school transcript indicating successful alth education courses must be completed Board's website (www.dpor.virginia.gov/Boa Exams".	g, Permar completion from a B ards/Barber	n of the health loard approved Cosmo/) under
11.	body? This includes license in connection No	s but is not limited to n with a disciplinary ac	o any ction or	etion taken by <u>any</u> (including Virginia) local, so monetary penalties, fines, suspensions, revoluntary termination of a license. Country termination of a license.		
12.	a practitioner or instattooing by any (included)	structor in the fields luding Virginia) local,	of barl state or	sional, occupational or business license, cert bering, cosmetology, waxing, nail care, es r national regulatory body? nsure Reporting Form.		
13.	United States conviction. No	of any <u>felony</u> within	n the la	ilty, regardless of the manner of adjudication ast 20 years? Any plea of nolo contended Conviction Reporting Form.	, ,	
	United States of injury within the No	of any misdemeanor e last two (2) years?	involv Any pl	regardless of the manner of adjudication, ring moral turpitude, sexual offense, drug lea of nolo contendere shall be considered a Conviction Reporting Form.	distributi	

- 14. 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, Body-Piercing Regulations, Tattooing Regulations, and Esthetics Regulations*

Signature	Date	