



Virginia Board for Barbers and Cosmetology
 SCHOOL LICENSE APPLICATION

APPLICATION FEES ARE NOT REFUNDABLE

A check or money order payable to the TREASURER OF VIRGINIA, or a completed credit card payment form (available at <http://www.dpor.virginia.gov/dporweb/creditcard.cfm>) must accompany your application package.

Select the license(s) you are requesting.

License Type	Type	Trans	Fee	X
Barber School	1303	1020	\$ 145.00	<input type="checkbox"/>
Licensed Barber School adding a Barber Instructor Program	1303	9007	\$ 85.00	<input type="checkbox"/>
Cosmetology School	1205	1020	\$ 145.00	<input type="checkbox"/>
Licensed Cosmetology School adding a Nail Technician Program	1205	9007	\$ 85.00	<input type="checkbox"/>
Licensed Cosmetology School adding a Wax Technician Program	1205	9007	\$ 85.00	<input type="checkbox"/>
Licensed Cosmetology School adding an Instructor Program	1205	9007	\$ 85.00	<input type="checkbox"/>
Licensed Cosmetology School adding a Hair Braiding Program	1205	9007	\$ 85.00	<input type="checkbox"/>
Nail Technician School	1209	1020	\$ 145.00	<input type="checkbox"/>
Licensed Nail Technician School adding an Instructor Program	1209	9007	\$ 85.00	<input type="checkbox"/>
Waxing School	1219	1020	\$ 145.00	<input type="checkbox"/>
Licensed Waxing School adding an Instructor Program	1219	9007	\$ 85.00	<input type="checkbox"/>
Hair Braiding School	1224	1020	\$ 145.00	<input type="checkbox"/>
Tattooing School	1251	1020	\$ 145.00	<input type="checkbox"/>
Permanent Cosmetic Tattooing School	1252	1020	\$ 145.00	<input type="checkbox"/>
Esthetics School	1267	1020	\$ 145.00	<input type="checkbox"/>
Licensed Esthetics School adding an Instructor Program	1267	9007	\$ 85.00	<input type="checkbox"/>
Esthetics Schools Only – Is the school awarding credit in accordance with Section 18 VAC 41-70-190 D of the Esthetics Regulations? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, submit copies of the assessment policy, method of evaluation of transcripts and the examination to be used in making the assessment.				

1. Name of School _____

2. Trade Name of School _____

3. Type of Business (select only one)

- Sole Proprietorship General Partnership Corporation
 Association Limited Partnership Limited Liability Company

◆ If your business is a corporation, limited liability company or limited partnership, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at (804) 371-9733.

4. Federal Employer Identification Number -

5. Does the school receive compensation for services provided in its clinic?

No

Yes If yes, you must have a VA salon, shop, spa or parlor license. Enter the VA license no. _____

6. Street Address (PO Box not accepted) _____

PHYSICAL ADDRESS REQUIRED

City State Zip Code

7. Mailing Address (PO Box accepted) _____

If a mailing address is submitted, the **mailing address** will be printed on the license.

City State Zip Code

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

8. E-mail Address _____

9. Contact Numbers

Primary Telephone Alternate Telephone Facsimile

10. Instructor's Name _____ n/a
Last First Middle Generation

11. Instructor's Virginia License Number * _____

* Applicable Barber, Cosmetology, Nail Technician, Wax Technician, Tattooer, Permanent Cosmetic Tattooer or Esthetician License Number

12. Enter the name, address, birth date, and Social Security Number or DMV Control Number* for each owner (e.g., sole proprietor, general partners, association members) of the school. If additional space is needed, attach a separate sheet of paper.

Last Name	First Name	MI	Address	Birth Date	Social Security or VA DMV Control No. *

* 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.

13. Have the school or any owner ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with the lawful authority to issue such order, decree or case decision.

14. Have the school or any of the owners ever been convicted in any jurisdiction of any misdemeanor or felony? *Any guilty plea or plea of nolo contendere must be disclosed on this application.*

No

Yes If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; **and** any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if the school or any owner is subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that the school and its owners complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology, Wax Technician, Hair Braiding, Tattooing and Esthetics Regulations as applicable.*

Signature _____ Date _____

Important Curriculum Package Instructions

In addition to the School License Application, you are required to submit a curriculum including, but not limited to, the information listed below. Applications lacking the required information will be rejected and returned. Should you have any questions or require additional clarification, please contact the board staff at (804) 367-8509.

PHOTOCOPIES OF OUTLINES, GLOSSARIES AND OTHER INFORMATION FROM TEXTS AND BOARD REGULATIONS WILL NOT BE ACCEPTED!

1. **Course syllabus**
The course syllabus should contain an outline and brief statement of the main points of the text, lecture and course of study.
2. **Detailed course outline**
The outline shall include, but not be limited to those items set out in the applicable regulations (e.g., Board for Barbers and Cosmetology Regulations, Wax Technician Regulations, Hair Braider Regulations, Tattooing Regulations, Esthetics Regulations).
3. **Sample of five lesson plans**
The lesson plans must be *actual* lesson plans that will be used in the instruction of students at the school applying for licensure. Previously approved lesson plans for other schools will not be accepted. Should your lesson plan indicate that it was developed for any purpose other than this application, it will be rejected.
4. **Sample of evaluation methods to be used**
Explain and provide examples of how students will be evaluated for grading and progress report purposes. Please include both the written and practical portions of the program.
5. **Breakdown of hours and/or performances for all courses to be taught that will lead to licensure**
This material *may* be included in the detailed course outline (#2).
6. **Example of the method by which performance will be recorded**
7. **Sketch of school floor plan**
The sketch must include the classroom and clinic areas within the school.
8. **Days and hours of operation**
9. **An example of a test you will administer to students**
10. **Esthetics schools that awards credit in accordance with Section 18 VAC 41-70-190 D of the Esthetics Regulations, must submit copies of the assessment policy, method of evaluation of transcripts and the examination to be used in making the assessment.**