

**Virginia Board for Barbers and Cosmetology**  
**INSTRUCTOR CERTIFICATION APPLICATION**  
 Excluding examination applicants

A check or money order payable to the **TREASURER OF VIRGINIA**,  
 or a completed [credit card insert](#) must be mailed with your application package.  
**APPLICATION FEES ARE NOT REFUNDABLE.**

*To hold an instructor certificate, applicants are required to **hold a current Virginia practitioner license.***

⇒ Please select the certificate you are requesting in the chart below specifying current license number and means of applying for Instructor Certification.

CERTIFICATE	Last 6 digits of CURRENT LICENSE NUMBER	BY ENDORSEMENT		BY COURSE		BY EXPERIENCE		FEE
		X	Trans	X	Trans	X	Trans	
1302 - Barber Instructor	1301	<input type="checkbox"/>	1021	<input type="checkbox"/>	1022			\$125
1204 - Cosmetology Instructor *	1201	<input type="checkbox"/>	1021	<input type="checkbox"/>	1022			\$125
1207 - Nail Technician Instructor	1206	<input type="checkbox"/>	1021	<input type="checkbox"/>	1022			\$125
1215 - Wax Technician Instructor	1214	<input type="checkbox"/>	1021	<input type="checkbox"/>	1022			\$125
1262 - Esthetician Instructor	1261	<input type="checkbox"/>	1021	<input type="checkbox"/>	1022			\$125
1265 - Master Esthetician Instructor	1264	<input type="checkbox"/>	1021	<input type="checkbox"/>	1022			\$125
1239 - Tattooing Instructor	1231					<input type="checkbox"/>	1022	\$125
1250 - Perm. Cosmetic Tattooing Instr.	1236					<input type="checkbox"/>	1022	\$125

\* An individual holding a Cosmetology Instructor Certificate can teach nail care and waxing without obtaining a separate Nail Technician or Wax Technician Instructor Certificate.

1. Name \_\_\_\_\_  
 Last First Middle Generation

2. Provide **one** of the following identification numbers.

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. Date of Birth \_\_\_\_\_  
 MM/DD/YYYY

4. Maiden Name or Former Surname(s) \_\_\_\_\_

5. Mailing Address (PO Box accepted) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Street Address (PO Box **not** accepted)  Check here if Street Address is the same as the Mailing Address listed above.  
**PHYSICAL ADDRESS REQUIRED**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Use Only	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE



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, provide 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.
15. Have you ever been convicted in any jurisdiction of a *misdemeanor and/or felony*? Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.
- No
- Yes  If yes, applicants are required to attach an *original criminal history record*<sup>★</sup> issued by the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original official criminal history record from each state in which they have convictions. Virginia residents may request complete criminal records from the Virginia State Police at [www.vsp.state.va.us](http://www.vsp.state.va.us) or by phone at 804-674-6718.
- ★ For each conviction, please provide 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 etc.).
16. 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 I am subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and 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 Regulations* or *Wax Technician Regulations, Tattooing Regulations, or Esthetics Regulations as applicable*.

Signature \_\_\_\_\_ Date \_\_\_\_\_