## 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

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

All forms must be legible.

	Check thi	s box if any	y information	below is differe	ent from your or	iginal exam application.			
П	Check thi	Check this box if you have been convicted in any jurisdiction of a <b>felony or misdemeanor</b> after submitting your original exam application?							
	Check this box if you have been subject to any <b>disciplinary action</b> after submitting your <u>original exam application</u> ?								
1.	Name								
		Last			Fir		Middle	Generation	
2.	Social Se	Social Security Number or Virginia DMV Co				*			
	* 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 <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED									
	Ō				ty		State Zip Code		
4.	Type of License:								
	Cosmetology (\$105.00) - 1201				Tattooing (\$105.00) - 1231		Cosmetology Instructor (\$125.00) - 1204		
	Barber (\$105.00) - 1301				Esteticiar	ns (\$105.00) - 1261	Barber Instructor (\$125.00) - 1302		
	Permanent Cosmo. Tattooer (\$105.00) - 1236				Master E	sthetician (\$105.00) - 1264	Nail Technician Instructor (\$125.00) - 1207		
	Body Piercing (\$105.00) - 1241				Nail Tech	nician (\$105.00) - 1206	Wax Technician Instructor (125.00) - 1215		
	Wax Technician (\$105.00) - 1214						Esthetician Instructor (\$125.00) - 1262		
					☐ Master Esthetician Instructor (\$125			(\$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	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE	
	ONLY								
Appl	icant's Nam	ne:					(if differe	ent from Card Holder name)	
_									
Cred	dit Card Nur	nber:					Card Expiration Date:	/Year	
Payment Amount: Card Holder Name:									
					•		(as it appears on the card)		
Card	d Holder's B	illing Addre	ess:		Daytime Phone Number:				
								(optional)	
_		0.	City			State Zip Code	_		
Card Holder's Signature of authorization: Date:									