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 P.O. Box 29570 Richmond, VA 23242-0570

All forms must be legible.

*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. Check this box if any information below is different from your original exam applications. 1. Name Last 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) City, State, Zip Code 4. Type of License: Cosmetology (\$75.00) – 1201 Tattooing (\$75.00) – 1231 Nail Technician (\$75.00) - 1206 Barber (\$75.00) - 1301 Estheticians (\$75.00) - 1261 Body Piercing (\$75.00) - 1241 Hair Braider (\$75.00) – 1222 Master Esthetician (\$75.00) - 1264 Wax Technician (\$75.00) - 1214 Permanent Cosmo. Tattooer (\$75.00) - 1236 Cosmetology Instructor (\$85.00) - 1204 Esthetician Instructor (\$85.00) - 1262 Nail Technician Instr. (\$85.00) - 1207 Barber Instructor (\$85.00)- 1302 Master Esthetician Instr. (\$85.00) - 1265 Wax Technician Instr. (\$85.00) - 1215 5. Form of Payment: Check (Check or Money Order must be made payable to the Treasurer of Virginia) Money Order Credit Card (Visa, Master Card, American Express, or Discover Card accepted) Type of Credit Card: Name on the Card: Card Number: Expiration Date: Daytime Phone No.: (*Optional) 6. Have you ever been convicted in any jurisdiction of a felony or misdemeanor? If so, please explain. 7. Signature: Date: FOR DATE FEE TRANS CODE ENTITY # APPLICATION # FILE# / LICENSE # ISSUE DATE **OFFICE** 1020 **USE ONLY**