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 First 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
   ☐ Money Order (Check or Money Order must be made payable to the Treasurer of Virginia)
   ☐ 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 OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			1020				