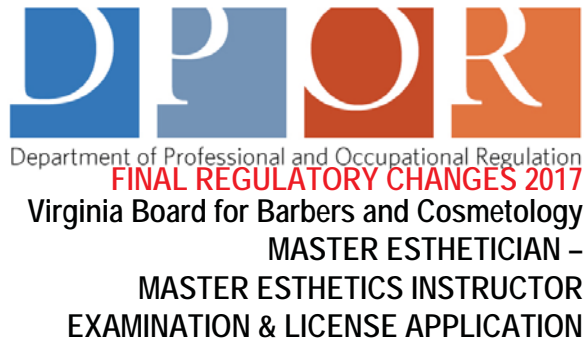


Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 Professional Credential Services, Inc.
 P.O. Box 198768
 Nashville, TN 37219-8768
 Telephone No.: 888-822-3272
 Email: cosandbar@pcshq.com
 Website: www.pcshq.com



Instructions:

- Complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the examination fee, payable to PCS at the address listed above.
- Any applicant who does not pass both examinations within one year of the initial examination date shall be required to submit a new application, pay a new examination fee, and retake the exam(s).

APPLICATION FEES ARE NOT REFUNDABLE

Select one examination type you are requesting:

x	License Type	Fee
<input type="checkbox"/>	1264 - Practical & Theory Exam	\$185.00
<input type="checkbox"/>	1264 - Practical Exam	\$93.00
<input type="checkbox"/>	1264 - Theory Exam	\$92.00
<input type="checkbox"/>	1265 - Instructor Exam	\$92.00

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

_____ Last (required) _____ First (required) _____ Middle _____ Generation _____

2. Provide at least one of the following identification numbers*:

Social Security Number and/or

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Virginia DMV Control Number

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➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* 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 or Former Name(s) _____

5. Mailing Address (PO Box accepted) _____
 The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

City _____ State _____ Zip Code _____

7. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

8. Email Address _____
 Email address is considered a public record and will be disclosed upon request from a third party.

FINAL - PENDING APPROVAL

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020			

B. Are you in good standing as a licensed, certified, or registered professional for the states/jurisdictions listed above?

Yes

No If **no**, provide an original Certification of Licensure* (dated within the last 60 days) from each state/jurisdiction where you are **not** in good standing.

- * Certifications of Licensure, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding. Certification must be mailed directly to:

Board for Barbers and Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

13. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body? This includes but is not limited to any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action or voluntary termination of a license.

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

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, complete the [Denial of Licensure Reporting Form](#).

15. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 20 years? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor involving moral turpitude, sexual offense, drug distribution or physical injury** within the last two years? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

16. Are you applying for a temporary permit?

No

Yes If yes, your sponsor must complete and sign the following sponsorship statement:

I, the undersigned, agree to supervise all activities related to the practice of esthetics for the named applicant, and shall be responsible for his/her esthetics activities during the time the temporary permit is in force.

Printed Name of Sponsor

Signature of Sponsor

Sponsor's Virginia Master Esthetician License No.

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17. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology; Esthetics Regulations*.

Signature _____ Date _____

18. Attach a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current appearance. It must meet the following requirements:

- ⇒ sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
- ⇒ taken in front of a plain white background
- ⇒ be a full-face view, directly facing the camera with a neutral facial expression

