Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509
www.dpor.virginia.gov



Virginia Board for Barbers and Cosmetology STUDENT INSTRUCTOR - TEMPORARY PERMIT APPLICATION No Fee Required

All student instructor temporary permits expire one year from date of issuance.

Select the	type of	permit v	ou are	requesting:

Barber Student Instructor \*

Student Instructor Temporary Permit Type

			Cos	metology Student Ins	tructor *		
			☐ Nail	Technician Student I	nstructor *		
			□ Wax	Technician Student	Instructor *		
·	No 🗌	·		dent Instructor Tem	. , , ,	r this profession?	
	Provide your <u>cu</u> Barbers and Cos		Cosmetology,	Nail Technician, o	r Wax Technicia	an license issued by the	e Virginia Board for
	Virginia Lice	nse Number				<b>Expiration Date</b>	
		a <u>Student Instr</u> echnician Licens		ary Permit, you mus	t hold a <u>current</u> V	irginia Barber, Cosmetolo	gy, Nail Technician,
1.	Full Legal Nan	ne (As it appe	ars on your gov	vernment issued ID o	r other legal docu	mentation.)	
	Last (required)		First	(required)	Mid	ldle	Generation
2.		st <u>one</u> of the fo ecurity Numbe	Ü	fication numbers*:			
	<ul><li>Enter the sa</li><li>State law red</li></ul>	quires every applica	mber as used on ear		er authorization to eng	file with the department. gage in a business, trade, profes	
3.	Date of Birth	MM/DD/\	/YYY				
4.	Maiden or Fori	mer Name(s)					
5.	Mailing Addres		•	City		State	Zip Code
6.	Street Address PHYSICA	s (PO Box <u>not</u> L ADDRESS REG	• •		reet Address is the <u>sa</u>	me as the Mailing Address listed	· ·
				City		State	Zip Code
						FINAL - A	APPROVAL 2017
OFFICE USE	DATE	FEE	TRANS CODE	ENTITY #		FILE #/LICENSE #	ISSUE DATE

1.	Conta	ict numbers													
8.	3. Email Address		Primary Telephone			Alternate Telephone						Fax			
9.	Stude	nt temporary p	ermit holders mus	t be	superv	ised	by	a <u>curr</u>	ently	lice	nsed l	bark		r, cosmeto	-
instructor, nail technician instructor, or wax technician instructor respectively. Provide A. Supervisor's Name							ovide	you	Supervisor	s iriiorriadio	11.				
		First (required)		Middle	е					Last	(require	d)		Generati	on
	B.	Supervisor's V	irginia License Num	ber [									Exp. Date		
	C.	Supervisor's S	chool Name	_											
	D.	School's Virgin	ia License Number										Exp. Date		
	E.	•	ned, agree to super during the time the Barbering C		nt instr		tem			nit is		ce f	•		
		Supervisor's S	ignature										_ Date		
			Care or Wax Care tenstructor or a licensed C					ay be s	superv	ised I	oy a lice	ense	d <u>Nail Techni</u>	cian Instructor	<u>, Wax</u>
10.	body?	This includes e in connection	tubject to a discipling but is not limited to with a disciplinary accomplete the Disciple	o any ction o	mone or volur	etary ntary	pena termi	Ities, 1 nation	fines,	SUS	pensio			-	_
11.	barbe	ering, cosmetolo state or nationa	n application for lice gy, waxing, nail ca I regulatory body? complete the <u>Denial</u>	re, es	thetics	, boo	dy-pi∈	ercing,	or ta		•				
12.	l	United States of conviction.  No	peen convicted or for for for any felony withing yes, complete the C	the	last 20	) yea	ars?	Any ,	plea	of n					
	l	United States of injury within the No	convicted or found any misdemeanor last two (2) years? yes, complete the Q	invol Any p	lving n	noral <i>nolo</i>	turp conte	itude, endere	sexi shai	ual d Ube	ffense	e, dr	rug distribu	tion or phy	
13.	By sig	ning this applica	ation, I certify the fol	lowing	y stater	nents	S:								

- - 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 Regulations*.

Signature	Date	