Commonwealth of Virginia Department of Professional and Occupational Regulation Post Office Box 29570 Richmond, VA 23242-0570 (804) 367-8509 www.dpor.virginia.gov



Virginia Board for Barbers and Cosmetology REINSTATEMENT APPLICATION

IF YOUR LICENSE EXPIRED MORE THAN 2 YEARS AGO, DO NOT COMPLETE THIS REINSTATEMENT APPLICATION. INSTEAD, YOU MUST RE-APPLY AS A NEW APPLICANT.

Select the license you are reinstating. Select only one.

License Type	Individual	Individual w/ Instructor Certificate	Salon, Shop, Spa or Parlor	School
REINSTATEMENT FEE	\$ 150.00	\$ 320.00	\$ 230.00	\$290.00
Barber	1301	1302	1304	1303
Cosmetologist	1201	1204	1202	1205
Nail Technician	1206	1207	1208	1209
Wax Technician	1214	1215	1218	1219
Hair Braider	1222		1223	1224
Tattooer	1231	1239	1232	1251
Permanent Cosmetic Tattooer	1236	1250	1238	1252
Master Permanent Cosmetic Tattooer	1237			
Esthetician	1261	1262	1266	1267
Master Esthetician	1264	1265		
Body Piercer	1241		1242	
Body Piercer (Ear Only)	1245		1246	

APPLICATION FEES ARE NOT REFUNDABLE
A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed credit card payment form (available at http://www.dpor.virginia.gov/dporweb/creditcard.cfm) must accompany your application package.

1.	Virginia License Number				Expiration Date				
2.	Are you app No Yes	, ,	state an indi v to question #1		se or a license wi	ith an instructor certific	ate?		
3.	Name							n/a	
		Last			First	Middle Middle		Gen	
4.	Social Secu	ırity Number	of Virginia DI	MV Control I	Number *				
	State law r by the Con	requires every ap nmonwealth to pr	oplicant for a licens rovide a Social Sec	e, certificate, reg urity Number or a	istration or other authoriz a control number issued b	ration to engage in a business, trac by the Virginia Department of Motor	de, profession or Vehicles.	occupation issued	
5.	Date of Birtl	h		-					
6.	6. Street Address (PO Box <u>not</u> accepted)								
7.	Mailing Add	lress (PO Bo	ox accepted)		(City	State	Zip Code	
				-	(City	State	Zip Code	
8.	E-mail Addr	ess _				-		· 	
FOR	DATE	ררר	TRANS CODE	FNITITY #	ADDITION #	FILE# / LICENCE	- д	ICCUIT DATE	
OFFICE	DATE	FEE	TRAINS CODE	ENTITY#	APPLICATION #	FILE# / LICENSE	_ #	ISSUE DATE	
USE ONLY			4020						

9.	Contact Numbers	Primary Telephone		Ext		
		Alternate Telephone		Ext		
		Facsimile				
10.	, ,,,,	reinstate a salon , shop , sp tip to question #19	oa, pa	arlor or school license?		
11.	Salon, Shop, Spa, Pa	arlor or School Name				
12.	Trade Name of Salor	n, Shop, Spa, Parlor or Sch	nool			
13.	Federal Employer Ide	entification Number		-		
14.	Street Address (Po E	Box <u>not</u> accepted)			_	
				City	State	Zip Code
15.	Contact Numbers	Primary Telephone		Ext		
		Facsimile				
16.17.	Virginia State Corpor Enter the name, add proprietor, general pa	ip General Limited F corporation, limited liability compation Commission. For additional commission, and Social control contro	Partno pany on al infon ial Se ers) c	· - ·	must be reg	istered with the
	Last Name	First Name	MI	Address	Birth Date	Social Security No. or VA DMV Control No.*
18.	List your reasons for	failing to renew your licens	se. If	additional space is needed, attach a se	parate she	et of paper.
19.	imposed by <u>any</u> (inclusion No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	uding Virginia) local, state ves. please provide a cer	or na tified	copy of the final order, decree or cas	e decision	by a court or
	reç	julatory agency with the la	wful a	authority to issue such order, decree or o	ase decisi	ion.

20.	Have you, misdemea	the sa nor or f	lon, shop, spa, parlor, school or any of the owners ever been convicted in any jurisdiction of a elony? Any guilty plea or plea of nolo contendere must be disclosed on this application.
	No		
	Yes		If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.
			Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.
			Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.
21.	information the salon, misdemea with all the Board for	n that n shop, nor (in e laws <i>Barbei</i>	d, certify that the foregoing statements and answers are true, and I have not suppressed any ight affect the decision to approve this application. I certify that I will notify the Department if the I, spa, parlor, school or any owner is subject to a disciplinary action or convicted of a felony or any jurisdiction) prior to receiving the requested license. I certify that I/the owners have complied of Virginia under the provisions of Title 54.1, Chapter 7 of the Code of Virginia and the Virginia and Cosmetology Regulations, Wax Technician Regulations, Hair Braiding Regulations, Bodyon, Tattooing Regulations and Esthetics Regulations, as applicable.
22.	Signature		Date

SCHOOL APPLICANTS MUST ATTACH A <u>NOTARIZED</u> STATEMENT THAT ALL STUDENTS CURRENTLY ENROLLED OR SEEKING TO ENROLL AT THE SCHOOL HAVE BEEN NOTIFIED IN WRITING THAT THE SCHOOL'S LICENSE EXPIRED. THE BOARD WILL CONSIDER REINSTATEMENT IF THE SCHOOL CONSENTS TO, AND SATISFACTORILY PASSES AN INSPECTION OF THE SCHOOL AND ITS RECORDS MAINTAINED IN ACCORDANCE WITH THE BOARD FOR BARBERS AND COSMETOLOGY REGULATIONS.