



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 **TREASURER OF VIRGINIA**, or a completed credit card payment form (available at <http://www.dpor.virginia.gov/dporweb/creditcard.cfm>) must accompany your application package.

- Virginia License Number _____ Expiration Date _____
- Are you applying to reinstate an **individual license** or a **license with an instructor certificate**?
 No Skip to question #10
 Yes
- Name _____ n/a
 Last First Middle Gen
- Social Security Number of 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.
- Date of Birth _____
- Street Address (PO Box not accepted) _____

 City State Zip Code
- Mailing Address (PO Box accepted) _____

 City State Zip Code
- E-mail Address _____

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			4020				

9. Contact Numbers Primary Telephone _____ Ext _____
 Alternate Telephone _____ Ext _____
 Facsimile _____

10. Are you applying to reinstate a **salon, shop, spa, parlor** or **school** license?
 No Skip to question #19
 Yes

11. Salon, Shop, Spa, Parlor or School Name _____

12. Trade Name of Salon, Shop, Spa, Parlor or School _____

13. Federal Employer Identification Number -

14. Street Address (Po Box not accepted) _____

 City State Zip Code

15. Contact Numbers Primary Telephone _____ Ext _____
 Facsimile _____

16. Type of Business (select only **one**)
 Sole Proprietorship General Partnership Corporation *
 Association Limited Partnership * Limited Liability Company *

* If your business is a corporation, limited liability company or limited partnership, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at (804) 371-9733.

17. Enter the name, address, birth date and Social Security Number or DMV Control Number for each owner (sole proprietor, general partners, association members) or manager of the salon, shop, spa, parlor or school. If additional space is needed, attach a separate sheet of paper.

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 license. If additional space is needed, attach a separate sheet of paper.

19. Have you, the salon, shop, spa, parlor, school or any of the owners ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?
 No
 Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with the lawful authority to issue such order, decree or case decision.

20. Have you, the salon, shop, spa, parlor, school or any of the owners ever been convicted in any jurisdiction of a misdemeanor or felony? *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. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if the I, the salon, shop, spa, parlor, school or any owner is subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I/the owners have complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Regulations, Wax Technician Regulations, Hair Braiding Regulations, Body-Piercing Regulation, Tattooing Regulations and Esthetics Regulations, as applicable.*

22. Signature _____ Date _____

➔ SCHOOL APPLICANTS MUST ATTACH A NOTARIZED 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.