

Commonwealth of Virginia  
 Department of Professional and Occupational Regulation  
**PSI Services LLC - Virginia Barber Cosmetology Program**  
 P.O. Box 887  
 Wheat Ridge, CO 80034  
 Telephone No.: 1-855-229-9302  
 Email: [vacos@psionline.com](mailto:vacos@psionline.com)  
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**Virginia Board for Barbers and Cosmetology**  
**NAIL TECHNICIAN – NAIL TECHNICIAN INSTRUCTOR**  
**EXAMINATION & LICENSE APPLICATION**

- Instructions:** Applicants are encouraged to apply online at <https://vacos.useclarus.com/>
- If you are **unable** to apply online, 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 **PSI Services LLC** at the address listed above.
  - Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a **new application** and **new examination fee**.

Select one examination type you are requesting:

<input checked="" type="checkbox"/>	License Type	Fee
<input type="checkbox"/>	1206 - Practical & Theory Exam	\$172.00
<input type="checkbox"/>	1206 - Practical Exam	\$86.00
<input type="checkbox"/>	1206 - Theory Exam	\$86.00
<input type="checkbox"/>	1207 - Instructor Exam	\$86.00

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

\_\_\_\_\_

Last (required)                      First (required)                      Middle                      Suffix

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

**PHYSICAL ADDRESS REQUIRED**

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Contact Numbers \_\_\_\_\_  
Primary Telephone                      Alternate Telephone

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

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		12	

9. Have you ever taken the Nail Technician or Nail Technician Instructor examination in Virginia?
- No
- Yes  If yes, provide the following examination information
- Nail Technician Exam Practical Exam \_\_\_\_\_ Theory Exam \_\_\_\_\_  
(Month/Year taken) (Month/Year taken)
- Nail Tech Instructor Exam Month/Year taken: \_\_\_\_\_
10. Have you been **previously** licensed in Virginia as a practitioner or instructor in the fields of **Barber, Master Barber, Cosmetology, Nail Technician, or Wax Technician**?
- No
- Yes  If yes, provide your license number and expiration date below
- VA License Number 

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 Expiration Date \_\_\_\_\_
11. Which method are you using to qualify for the examination? Select only **ONE**.
- Completion of an approved nail technician training program in a Virginia licensed nail technician school or a Virginia public school nail technician program approved by the Virginia Department of Education  
**Required Documentation:** Attach a completed Training Verification Form
- Completion of a nail technician training which is substantially equivalent to the Virginia program (at least 80% of Virginia's required hours) that is obtained outside the Commonwealth of Virginia, but within the United States and its territories  
**Required Documentation:** Attach an official school transcript indicating successful completion of a substantially equivalent training program or written verification from the Licensing Board in the state where the training was received.
- Completion of a nail technician course (consisting of less than 80% of training hours required in Virginia) and five years of nail technician work experience.  
**Required Documentation:** Attach a certificate, an official school transcript, or other documentation verifying successful completion of the nail technician course **and** a completed Barber & Cosmetology - Experience Verification Form documenting at least five years of nail technician work experience.
- Completion of the Virginia apprenticeship program in nail care  
**Required Documentation:** A completed Department of Labor and Industry form available from your apprenticeship representative
- Nail technician training obtained in any Virginia state institution  
**Required Documentation:** Attach a completed Training Verification Form
- Applying to take the Nail Tech Instructor examination  
 VA License Number 

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 Expiration Date \_\_\_\_\_
- Previously licensed in Virginia by examination and past the reinstatement period.  
**Required Documentation:** Verification from the Virginia Board for Barbers and Cosmetology.
- Previously licensed in Virginia under grandfathering exemption and past the reinstatement period. Must provide work experience and have completed a Board approved examination.  
**Required Documentation:** Attach a completed Barber/Cosmetology - EXPERIENCE VERIFICATION FORM.
- Endorsement applicant required to complete Virginia examination.  
**Required Documentation:** Verification from the Virginia Board for Barbers and Cosmetology.

12. Do you hold a current or have you ever held a **Barber, Master Barber, Cosmetology, Nail Technician, or Wax Technician** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?

No

Yes  If yes, complete the following questions.

A. List the following state/jurisdiction where a license, certification or registration has been issued:

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

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/Letter of Good Standing, 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 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at [bchoplicensing@dpor.virginia.gov](mailto:bchoplicensing@dpor.virginia.gov) or **mailed** from the regulatory body to: Board for Barbers & 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**? *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, non-marijuana drug distribution or physical injury within the last two (2) years?

No

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

16. Are you applying for a temporary permit? **DOES NOT APPLY TO STUDENT INSTRUCTOR TEMPORARY PERMITS.**

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 nail care for the named applicant, and shall be responsible for his/her nail technician activities during the time the temporary permit is in force.**

\_\_\_\_\_  
Printed Name of Sponsor

\_\_\_\_\_  
Signature of Sponsor

Sponsor's VA Nail Technician or Cosmetology 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 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

*Attach Photo Here.  
Photocopy pictures are  
not permitted.*