

7. E-mail Address _____

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

9. Are you currently licensed to practice as a barber, cosmetologist, nail technician, wax technician, hair braider, body piercer, tattooer, permanent cosmetic tattooer, or esthetician (individual or instructor) in any other state or jurisdiction of the United States?

No **If no, this application cannot be processed.**

Yes **➔ Attach an original Certification of Licensure (dated within the last 60 days).
Certificate of Licensure must be:**

1. prepared by the state board or licensing body in which you are currently licensed; and
2. mailed in an unopened envelope with the seal or signature of the state board overlaying the flap on the back of the envelope and addressed to the Virginia Board for Barbers and Cosmetology.

10. Do you have a current or expired Virginia Barber, Cosmetology, Nail Technician, Wax Technician, Hair Braider, Body Piercer, Tattooer, Permanent Cosmetic Tattooer or Esthetician License as either a practitioner or instructor?

No

Yes Virginia License Number _____ Expiration Date _____

Virginia License Number _____ Expiration Date _____

11. Have you ever been subject to a disciplinary action taken 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 lawful authority to issue such order, decree or case decision.

12. Have you ever been convicted in any jurisdiction of any 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.

13. 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 I am 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 have read, understood and 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, Tattooing Regulations, Body Piercing Regulations and Esthetics Regulations, as applicable.*

Signature _____

Date _____