



CERTIFICATION REQUEST FORM
Fee \$35.00 per request
 \$5.00 per additional copy

The charge for a Certification of Regulant Status is \$35.00. Additional original copies of the same Certification of Regulant Status may be requested at the same time as the original request at a charge of \$5.00 per copy.

Payment can be made by [credit card](#), check or money order payable to the **TREASURER OF VIRGINIA**.

- | | | |
|--|--|--|
| <input type="checkbox"/> Appraiser (R.E.) | <input type="checkbox"/> Elevator Mechanic | <input type="checkbox"/> Polygraph Examiner |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Engineer | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Esthetician | <input type="checkbox"/> Residential Building Energy Analyst |
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Geologist | <input type="checkbox"/> Soil Scientist |
| <input type="checkbox"/> Backflow Prevention Device Worker | <input type="checkbox"/> Hearing Aid Specialist | <input type="checkbox"/> Surveyor Photogrammetrist |
| <input type="checkbox"/> Barber | <input type="checkbox"/> Home Inspector | <input type="checkbox"/> Tattooer |
| <input type="checkbox"/> Body Piercer | <input type="checkbox"/> Interior Designer | <input type="checkbox"/> Waste Management Facility Operator |
| <input type="checkbox"/> Boxer | <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Waterwell System Provider |
| <input type="checkbox"/> Branch Pilot | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Wastewater Works Operator |
| <input type="checkbox"/> CIC Association | <input type="checkbox"/> Lead Abatement | <input type="checkbox"/> Waterworks Operator |
| <input type="checkbox"/> CIC Manager | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Wax Technician |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Nail Technician | <input type="checkbox"/> Wetland Delineator |
| <input type="checkbox"/> Contractor - Tradesman | <input type="checkbox"/> Optician | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Onsite Sewage System Professional | |

1. How many *additional* copies (@ \$5 per copy) are you requesting? _____ + \$35.00 = Total amount due: _____

2. Are you providing a form? Yes No* * If no, the certification will be prepared on a DPOR form.

3. Legal Name _____
 Last First Middle Generation
 Prior Name _____
 Last First Middle Generation

4. Professional Name (if applicable) _____
 Enter any professional name used along with the legal name entered above.

5. Provide **one** of the following identification numbers.
 Social Security Number or 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.

6. Mailing Address* _____
 (Certification will be mailed to this address)
 City State Zip Code

* If you are **licensed/certified** by the **Board for Barbers & Cosmetology**, an official certification will be mailed **only** to a regulatory entity or agency.

7. Email Address _____ 8. Contact Numbers _____
 (Only to be used for communication with the Board staff in regards to your request.) Primary Telephone

9. Virginia License Number:
 Name as it appears on License: _____

10. Signature _____ Date _____
 Click here if providing additional information regarding your request and enter info on next page or attach a separate page.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			9003			

Virginia License Number:

--	--	--	--	--	--	--	--	--	--	--

Additional information that would be of assistance in researching your licensing record(s).

Special instructions (including mailing instructions if address is different from that listed above).

Please sign and submit this form to the following address:

Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, VA 23233-1485