

Fee \$125.00

APPLICATION FEES ARE NOT REFUNDABLE.

X	CERTIFICATE	Trans
<input type="checkbox"/>	1301 - Barber adding Instructor *	5022
<input type="checkbox"/>	1301 - Master Barber adding Instructor*	5027
<input type="checkbox"/>	1204 - Cosmetology Instructor	1022
<input type="checkbox"/>	1207 - Nail Technician Instructor **	1022
<input type="checkbox"/>	1215 - Wax Technician Instructor **	1022
<input type="checkbox"/>	1262 - Esthetician Instructor.*	1022
<input type="checkbox"/>	1265 - Master Esthetician Instructor.*	1022
<input type="checkbox"/>	1239 - Tattooing Instructor****	1023
<input type="checkbox"/>	1250 - Perm. Cosmetic Tattooing (PCT) Instr.	1023
<input type="checkbox"/>	1250 - Perm. Cosmetic Tattooing (PCT) Instr. upgrading to Master Perm. Cosmetic Tattooing (MPCT) Instr.*****	5050
<input type="checkbox"/>	1250 - Master Perm. Cosmetic Tattooing (PCT) Instr.*****	1024

- Board for Barbers & Cosmetology/INSTRUCTOR CERT APP
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3. 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.

4. Date of Birth _____
MM/DD/YYYY

5. Maiden or Former Name(s) _____

6. Mailing Address (PO Box accepted) _____

The mailing address will be
printed on the license.

City _____ State _____ Zip Code _____

7. 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 _____

8. Contact Numbers _____
Primary Telephone Alternate Telephone

9. Email Address _____
Email address is considered a public record and will be disclosed upon request from a third party.

10. Have you been **previously** licensed in Virginia as a Barber, Master Barber, Cosmetology, Nail Technician, Wax Technician, Esthetician, Master Esthetician, Tattooer, Permanent Cosmetic Tattooer, or Master Permanent Cosmetic Tattooer?

No ☐

Yes ☐ If yes, provide your license number and expiration date below

VA License Number

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 Expiration Date _____

11. Are you applying for **Barber, Master Barber, Cosmetology, Nail Technician, or Wax Technician** Instructor Certification?

No ☐

Yes ☐ If yes, which of the following **Instructor courses** have you successfully completed?

☐ A course in teaching techniques at post-secondary level

Required Documentation: Transcripts and/or diploma

☐ An instructor training course approved by the Virginia Board for Barbers and Cosmetology under the supervision of a certified barber, master barber, cosmetology, nail technician or wax technician instructor (respectively)

Required Documentation: Attached a completed **Training Verification Form**.

➤ **DO NOT SUBMIT Training Verification form** to the exam vendor. **Mail directly to DPOR at the address provided at the top of this application.**

12. Are you applying for **Esthetician** or **Master Esthetician** Instructor Certification?

No ☐

Yes ☐ If yes, attach documentation of completing a course in teaching techniques at a post-secondary level.

Required Attachment(s): Transcripts and/or diploma showing successful completion.

13. Are you applying for **Tattooer, Permanent Cosmetic Tattooing**, or **Master Permanent Cosmetic Tattooing Instructor Certification**?
- No ☐
- Yes ☐ If yes, complete the **Body Piercer/Tattooer - Experience Verification Form** documenting proof of legally tattooing for at least five years and include with this application (more than one form may be submitted to document five years of experience) and provide proof of passing a course on teaching techniques in a post-secondary education level.
- **DO NOT SUBMIT** Body Piercer/Tattooer - Experience Verification form to the exam vendor. Mail directly to DPOR at the address provided at the top of this application.
14. 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](#).
15. 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](#).
16. 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** within the last 20 years?
- 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](#).
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, Tattooing Regulations, or Esthetics Regulations*.

Signature _____ Date _____