Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

Virginia Board for Barbers and Cosmetology
SCHOOL REINSTATEMENT APPLICATION INSTRUCTIONS

In addition to the reinstatement application and fee, the following must be submitted with your application. Failure to submit this information will delay the process of your reinstatement.

Curriculum Materials Requirements

Schools must submit curriculum materials that meet current standards. The following items are required:

- Course Syllabus* with:
  - An outline and brief statement of the main points of the text, lecture and course of study (must match the program type being applied for)
  - Course textbook
  - If the instruction is online, provide details:
    - The platform being used. Schools must utilize a dedicated learning platform (such as Google Classroom, Zoom, Canvas,Moodle, Blackboard, etc.).
    - How long students will have to complete the online portion
    - How identity will be verified
  - Class Schedule
    - The days of the week and time of day classes are being held
    - Disclose any breaks over 15 minutes, as these cannot be counted towards the student's total hours
    - If the course is full time or part time, specify if the course is only one or the other
    - How long it takes to complete each program in weeks
    - What holidays will be observed. Do not use hard dates, only use the names of the holidays. If you want to build in additional breaks, you can do so by using flexible statements, such as "the last week of December."

  *Do not include school financials, attendance policies, biographies, personal stories, resumes, or anything else not explicitly enumerated in the regulations.

- Detailed Course Outline with:
  - All topics required for the relevant program, which can be found in 18 VAC 41-20-210 (barber, cosmetology, nail, wax), 18 VAC 41-50-280 (tattooing, permanent cosmetic tattooing, and master permanent cosmetic tattooing), and 18 VAC 41-70-190 (esthetics and master esthetics).
  - Breakdown of hours for the topics. If doing online instruction, your breakdown must specify how many hours per topic are done online. Note that only theory instruction can be done online.
  - Performances required for the relevant program with no hours assigned to them, as they're only measured by how many times they are done. This can be found in 18 VAC 41-20-220 (barber, cosmetology, nail, wax), 18 VAC 41-50-290 (tattooing, permanent cosmetic tattooing, and master permanent cosmetic tattooing), and 18 VAC 41-70-200 (esthetics and master esthetics).

I certify that my application is complete and contains the materials indicated above:

_____ Signature

_____ Date

Reset Form Print Form

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Virginia Board for Barbers and Cosmetology
SCHOOL REINSTATEMENT APPLICATION
Fee $514.50*

A check or money order payable to the TREASURER OF VIRGINIA,
***or* a completed credit card insert must be mailed with your application package.**
APPLICATION FEES ARE NOT REFUNDABLE.

1. Virginia License Number ☐☐☐☐☐☐☐☐☐☐ Expiration Date _____

2. School/Business Entity/Sole Proprietor Name _____

3. Trade, "Doing Business As" (DBA) or Fictitious Name▲ _____

▲ If a Trade or Fictitious Name is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the *Code of Virginia* must be attached to this application.

4. A. Type of business entity (select only **one**)

☐ Sole Proprietorship ☐ General Partnership ☐ Solely Owned LLC♦ ☐ Corporation♦
☐ Limited Partnership♦ ☐ Limited Liability Company♦ ☐ Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, Professional Limited Liability Company, or Sole Proprietor (Non-Broker Owned)

B. State Corporation Commission Number: _____ (If applicable)

♦ 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 (including all out-of-state businesses). Firm/Businesses shall be organized as business entities under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. Firm/Businesses must register any trade or fictitious names with the State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

5. Provide **one** of the following identification numbers✳:

☐ Business Federal Employer Identification Number (FEIN) ☐☐ - ☐☐☐☐☐☐☐
Federal Employer Identification Number (12-3456789)

☐ *Sole Proprietor's/Individual's* Social Security Number ***or***
☐ ***Virginia*** Department of Motor Vehicles Control Number
☐☐☐ - ☐☐ - ☐☐☐☐
Social Security or Virginia DMV Number (123-45-6789)

➢ Enter the same identification number as used on previous applications or licenses on file with the department.

✳ State law requires every applicant, *who is not a sole proprietor or solely owned LLC,* to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or *a control number issued by the Virginia Department of Motor Vehicles.*

6. Mailing Address (P.O. Box accepted)
The mailing address will be printed on the license.

_____
_____ _____ _____ _____
APT/unit # City State Zip Code

7. Street Address (P.O. Box not accepted)
PHYSICAL ADDRESS REQUIRED

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

_____
_____ _____ _____ _____
APT/unit # City State Zip Code

8. Contact Numbers
_____ _____ _____
Primary Telephone Alternate Telephone Fax

9. 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

**Pursuant to 2026's House Bill 30, DPOR is to charge a Technology Fee equal to $7.25 per year.*

10. List all members of **Responsible Management** (sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of the business/organization).

Full Name	Title (one only)	Address	Birth Date	Social Security No. or VA 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.

11. Does the school receive compensation for services provided for its clinic?

No ☐

Yes ☐ If yes, provide the Virginia **salon, shop, spa or parlor** license number and expiration date.

VA License Number ☐☐☐☐☐☐☐☐☐☐ Expiration Date _____

12. List each **Instructor**✳ employed by the school, their instructor certificate number, and the school license number. School license numbers are used to identify which instructors are at which locations. Instructors not given below will be removed from the license.

Instructor's Full Legal Name	Instructor Certificate Number	School License Number	Instructor Signature

✳ *The Board will independently contact your instructor to verify employment. Listing instructors who are not employed at your institution may result in disciplinary action. Please refer to the general school requirements in sections 18VAC 41-20-200 A.3, 18VAC-41-70-180 A.3, or 18VAC41-50-230 A.3 of the Virginia Board for Barbers and Cosmetology, Esthetics, or Tattooing Regulations.*

13. Has this **Business/Organization** or any member of **Responsible Management** 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 license.

No ☐

Yes ☐ If yes, complete the Disciplinary Action Reporting Form.

14. Has this **Business/Organization** or any member of **Responsible Management** ever been refused or **denied** a business, professional or occupational license, certification, or registration as a practitioner or instructor by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the Denial of Licensure Reporting Form.

15. Has this **Business/Organization** or any member of **Responsible Management** 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 10 years?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

16. List your reasons for failing to renew your license. If additional space is needed, attach a separate sheet of paper.

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 (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 desire. 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, Tattooing and Esthetics Regulations.*
- I, also certify on behalf of the school and its owner's, that all students currently enrolled or seeking to enroll at the school listed above have been notified in writing that the school's license has expired.

Signatures for all Responsible Management is required:

(sole proprietor, partners of a general partnership, managing partner of a limited partnership, officers/directors of an association, managers/members of a limited liability company, or officers of a corporation)

1. Print Name _____ Title _____

   Signature _____ Date _____

2. Print Name _____ Title _____

   Signature _____ Date _____

3. Print Name _____ Title _____

   Signature _____ Date _____

4. Print Name _____ Title _____

   Signature _____ Date _____

5. Print Name _____ Title _____

   Signature _____ Date _____

6. Print Name _____ Title _____

   Signature _____ Date _____