

Virginia Board for Barbers and Cosmetology STUDENT INSTRUCTOR - TEMPORARY PERMIT APPLICATION No Fee Required

All student instructor temporary permits expire one year from date of issuance.

Select the type of permit you are requesting:

				le <u>type</u> of peri	int you ar	ereque	sung.				
			🗴 Sti	Ident Instructor	Temporary	Permit	Туре				
			🗌 Ba	rber Student Ins	tructor						
			🗌 Co	smetology Stude	ent Instructo	or					
			🗌 Na	il Technician Stu	ident Instru	ctor					
			🗌 Wa	ax Technician St	udent Instru	uctor					
≻ ⊦	Have you ever b No □ Yes □ If			udent Instructo r a second tem	·	, . ,	nit for th	is profe	ssion?		
	^D rovide your <u>cu</u> /irginia Board fo				gy, Nail T	echnicia	an, or W	lax Tec	hnician	licens	e* issued by the
	Virginia Lice	nse Number						Expirati	ion Date	;	
1.		echnician Licens	Se.				-		r, Cosme	∍tology	, Nail Technician,
	Last (required)		Firs	t (required)			Middle				Generation
2.	Provide at leas	st <u>one</u> of the fo	ollowing iden	tification numb	ers [*] :						
	Social S	ecurity Numbe	r and/or] - [-			
	Virginia	DMV Control Nu	umber							\dashv	
				examination, previou	us applications	s or license	es on file w	ith the dep	artment.		
	* State law re	quires every applica	int for a license, c		n or other auth	norization t	o engage i	n a busine	ess, trade,		on or occupation issued
3.	Date of Birth										
		MM/DD/\	(YYY								
4.	Maiden or For	mer Name(s)									
5.	Mailing Addres	•									
		ng address will be on the license.)								
_				City	ra if Ctroat A	ldraad in th		the Meilin		State	Zip Code
6.	Street Address PHYSICA	s (PO Box <u>not</u> L ADDRESS REG	. ,		ere if Street Ac	idress is tr	ie <u>same</u> as		ig Address	listed at	ove.
				City						State	Zip Code
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #			FILE	#/LICENSE #			ISSUE DATE
A 4EO 4	2120T TEMD 14			Dee	d for Dorbor		atalam //				

7. Contact Numbers

Primary Telephone	Alternate Telephone	Fax

8. Email Address

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

- 9. Student temporary permit holders must be supervised by a <u>currently</u> licensed barber instructor, master barber instructor, cosmetologist instructor, nail technician instructor, or wax technician instructor respectively. Provide your supervisor's information:
 - A. Supervisor's Name

	First (required) Mic	iddle		 			 Last	(req	uired)		Generation
В.	Supervisor's Virginia License Number	r								Exp. Date	
C.	Supervisor's School Name										
D.	School's Virginia License Number									Exp. Date	
E.	I, the undersigned, agree to supervise the applicant during the time the stuc practice of: Barbering Cosm	dent	instr		npor	ary	nit is	in f		for all activities	
	Supervisor's Signature									Date	

- Student Nail Care or Wax Care temporary permit holders may be supervised by a licensed <u>Nail Technician Instructor</u>. Wax <u>Technician Instructor</u> or a licensed <u>Cosmetologist Instructor</u>.
- 10. Have you ever been subject to a <u>disciplinary action</u> taken by <u>any</u> (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.
- 11. 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 <u>denied</u> by any (including Virginia) local, state or national regulatory body?
 - No 🗌
 - Yes If yes, complete the Denial of Licensure Reporting Form.
- 12. 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 <u>misdemeanor</u> involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years?

No

Yes If yes, complete the <u>Criminal Conviction Reporting Form</u>.

- 13. 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.