Commonwealth of Virginia Department of Professional and Occupational Regulation

Prov Inc.

150 W Civic Center Blvd, Suite 601 Sandy, UT 84070 Telephone: (877) 228-3926 Email: support@provexam.com Website: www.provexam.com



## Virginia Board for Barbers and Cosmetology WAX TECHNICIAN – WAX TECHNICIAN INSTRUCTOR **EXAMINATION & LICENSE APPLICATION**

Instructions: Applicants are encouraged to apply online at https://provexam.com/

- > If you are unable to apply online, complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the examination fee, payable to Prov Inc and mail to: Prov Inc, 200 West Civic Center Drive, Suite 160, Sandy, UT 84070
- > Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a new application and new examination fee.

| × | Examination Type Fee           |          |  |
|---|--------------------------------|----------|--|
|   | 1214 - Practical & Theory Exam | \$194.00 |  |
|   | 1214 - Practical Exam          | \$95.00  |  |
|   | 1214 - Theory Exam             | \$99.00  |  |
|   | 1215 - Instructor Exam         | \$99.00  |  |

## Select one examination type you are requesting:

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

|                       | Last (required)   | Fi   | rst (require | ed)                      | Middle   |                   | Suffix               |
|-----------------------|---|--|--------------|--------------------------|--|-------------------|----------------------|
| 2.                    | Provide at least <u>one</u>                               | of the following ider                            | ntificatio   | n numbers <sup>*</sup> : |  |                   |                      |
|                       | <u>Virginia</u> DMV C                                     | Control Number                                   |              |                          |  |                   |                      |
|                       | * State law requires ev                                   | very applicant for a license,                    | certificate, | registration or oth      | cations or licenses on file with the depart<br>er authorization to engage in a business,<br>er issued by the <u>Virginia</u> Department of N | trade, profession | or occupation issued |
| 3.                    | Date of Birth   | MM/DD/YYYY                                       |              |                          |  |                   |                      |
| 4.                    | Maiden or Former Na                                       | ame(s)   |              |                          |  |                   |                      |
| 5.                    | Mailing Address (PC<br>The mailing addr<br>printed on the | ess will be                                      | City         |                          |  | State             | Zip Code             |
| 6.                    | Street Address (PO<br>PHYSICAL ADD                        | Box <u>not</u> accepted)<br><b>RESS REQUIRED</b> |              | Check here if St         | reet Address is the <u>same</u> as the Mailing A   | ddress listed abo | ve.                  |
|                       |   |  | City         |                          |  | State             | Zip Code             |
| 7.                    | Contact Numbers   | Primary Tele                                     | nhone        |                          | Alternate Telephone  |                   | Fax                  |
| 8.                    | Email Address   | T minuty role                                    | priorio      |                          |  |                   |                      |
|                       |   | Email addre                                      | ess is cons  | idered a public          | record and will be disclosed upon rec  | quest from a thir | d party.             |
| OFFICE<br>USE<br>ONLY | DATE  | FEE TRANS CODE                                   |              | ENTITY #                 | FILE #/LICENSE #   |                   | ISSUE DATE           |

| 9.   | Have you ever taken the Wax Technician or Wax Techn   | <b>nician Instructor</b> exar | nination in Virginia?       |                           |
|--|---|-------------------------------|-----------------------------|---------------------------|
|  | No 🗌  |                               |                             |                           |
|  | Yes 🔲 If yes, provide the following examination in  | formation                     |                             |                           |
|  | Wax Technician Exam Practical   |                               | Theory Exam                 |                           |
|  | Way Technisian Instructor Even  | (Month/Year taken             | )                           | (Month/Year taken)        |
|  | Wax Technician Instructor Exam  | Month/Year taken:             |                             |                           |
| 10.  | Have you been <i>previously</i> licensed in Virginia as a pra<br>Cosmetology, Nail Technician, or Wax Technician?<br>No   | actitioner or instructor      | in the fields of <b>Bar</b> | ber, Master Barber,       |
|  | Yes If yes, provide your license number and ex  | piration date below           |                             |                           |
|  | VA License Number   |                               | Expiration Date             |                           |
| 11.  | Which method are you using to qualify for the examination   | on? Select only ONE.          |                             |                           |
|  | Completion of an approved wax technician traini<br>public school wax technician program approved<br>substantially equivalent to the Virginia Program  |                               | -                           | •                         |
|  | Required Documentation: Attach a completed <u>Training</u>  | Verification Form             |                             |                           |
|  | <ul> <li>Completion of a wax technician training which is substantially equivalent to the Virginia program (at least 80% Virginia's required hours) that is obtained outside the Commonwealth of Virginia, but within the United States its territories</li> <li>Required Documentation: Attach an official school transcript indicating successful completion of a substantially equivalent training program or written verification from the Licensing Board in the state where the training was received.</li> </ul> |                               |                             | the United States and     |
|  | Completion of a wax technician course (consisting of <u>less than</u> 80% of training hours required in Virginia) five years of wax technician work experience.<br>Required Documentation: Attach a certificate, an official school transcript, or other documentation verifying successful completed <u>Barber &amp; Cosmetology - Experience Verification Form</u> documenting at leas years of wax technician work experience.   |                               |                             | ing successful completion |
|  | <ul> <li>Virginia licensed cosmetologist, provide license n<br/>VA License Number</li> </ul>  |                               |                             |                           |
|  | _   |                               | Expiration Date             |                           |
|  | Wax Technician training obtained in any Virginia s<br><b>Required Documentation:</b> Attach a completed <u>Training</u>   |                               |                             |                           |
| Two years of waxing experience in the United States armed forces |   |                               |                             |                           |
|  | Required Documentation: Contact the Board for furth   | her instruction.              |                             |                           |
|  | Applying to take the Wax Technician <u>Instructor</u> ex  | amination                     |                             |                           |
|  | VA License Number   |                               | Expiration Date             |                           |
|  | Previously licensed in Virginia by examination and  | d past the reinstatemer       | nt period.                  |                           |
|  | Required Documentation: Verification from the Virginia E  | Board for Barbers and Cosm    | netology.                   |                           |
|  | Previously licensed in Virginia under grandfath<br>provide work experience and have completed a B<br>Required Documentation: Attach a completed Barber/Completed  | oard approved examin          | ation.                      | ·                         |
|  | Endorsement applicant required to complete Virgi  | inia examination.             |                             |                           |
|  | Required Documentation: Verification from the Virginia E  | Board for Barbers and Cosm    | netology.                   |                           |

- 12. Do you hold a current or have you ever held a **Barber**, **Master Barber**, **Cosmetology**, **Nail Technician**, or **Wax Technician** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?
  - No 🗌
  - Yes If yes, complete the following questions.
    - A. List the following state/jurisdiction where a license, certification or registration has been issued:

| • •                | •  |                 |
|--------------------|--|-----------------|
| State/Jurisdiction | License, Certification or<br>Registration Number | Expiration Date |
|                    |  |                 |
|                    |  |                 |
|                    |  |                 |
|                    |  |                 |
|                    |  |                 |
|                    |  |                 |

B. Are you in good standing as a licensed, certified, or registered professional for the states/ jurisdictions listed above?

| Yes |           |   |
|-----|-----------|---|
| No  | $\square$ | ŀ |

- ☐ If <u>no</u>, provide an original Certification of Licensure<sup>•</sup>(dated within the last 60 days) from each state/jurisdiction where you are <u>not</u> in good standing.
- Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/ registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at <u>bchoplicensing@dpor.virginia.gov</u> or **mailed** from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

- 13. 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.
- 14. 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 <u>Denial of Licensure Reporting Form</u>.
- 15. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u>? Any plea of nolo contendere shall be considered a conviction.

No [

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

- 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>.

- 16. Are you applying for a temporary permit?
  - No [

Yes If yes, your sponsor must complete and sign the following sponsorship statement:

I, the undersigned, agree to supervise all activities related to the practice of waxing for the named applicant, and shall be responsible for his/her waxing activities during the time the temporary permit is in force.

| Printed Name of Sponsor | Signature of Sponsor |
|-------------------------|----------------------|
|                         |                      |

Sponsor's VA Wax Technician or Cosmetology License No.

- 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.

Signature Date

- 18. Attach a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current appearance. It must meet the following requirements:
  - sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
  - taken in front of a plain white background
  - □⇒ be a full-face view, directly facing the camera with a neutral facial expression

