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



Virginia Board for Barbers and Cosmetology LICENSE BY ENDORSEMENT APPLICATION

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.

- You must hold a **CURRENT** license or certificate listed in the following table to apply through endorsement.
- If you do not hold a current license/certificate in another state or jurisdiction, this application cannot be processed.
- For Barbers, if your training was less than 880 hours, you are not eligible for license by endorsement.
- For Master Barber and Cosmetologist, if your training was less than 1200 hours, you are not eligible for license by endorsement.
- A Certification of Licensure (dated within the last 60 days) is required to obtain licensure.

Select one license type you are requesting:

			Practitioner License Type			Instructor Type			
	x Trans Fee \$75.00				Trans	Fee \$100.00			
		1021	1301- Barber License		5021	1301- Barber adding Instructor Certificate			
		1026	1301- Master Barber License		5026	1301- Master Barber adding Instructor Certificate			
		1021	1201- Cosmetology License		1021	1204- Cosmetology Instructor Certificate *			
		1021	1206- Nail Technician License		1021	1207- Nail Technician Instructor Certificate			
		1021	1214- Wax Technician License		1021	1215- Wax Technician Instructor Certificate			
		1021	1231- Tattooer License						
		1021	1236- Permanent Cosmetic Tattooer Lic.						
		1021	1237- Master Perm. Cosmetic Tattooer Lic						
		1021	1241- Body Piercer License						
		1021	1261- Esthetician License						
		1021	1264- Master Esthetician License						
Are bark cos	you ber, o	apply cosme cosme	•	e yo boo oer?	ou bee	en <i>previously</i> licensed in Virginia as a barber, mastercer, esthetician, master esthetician, tattooer, permaner			
			VA License Number			Expiration Date			
Full Legal Name (As it appears on your government issued ID or other legal documentation.)									
La	ast (re	equired)	First (required)			Middle Generation			
Provide at least <u>one</u> of the following identification numbers*:									
		Social	Security Number and/or						
		Virgini	a DMV Control Number						
>	> E	nter the	same identification number as used on examination, pr	eviou	s applica	tions or licenses on file with the department.			
k			requires every applicant for a license, certificate, regist mmonwealth to provide a social security number or a co			authorization to engage in a business, trade, profession or occupation issue issued by the <i>Virginia</i> Department of Motor Vehicles.			

1. Are

2.

3.

4.	Date of Birth							
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 <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED	Check here	if Street Address is the <u>same</u> as the Mailing A	ddress listed above.				
0	Ocadest Noveless	City		State Zip Code				
8.	Contact Numbers Primary Telep	hone	Alternate Telephone					
9.	Email Address							
10.	Yes If yes, complete the following	cosmetic tattooer rritory of the Un ot be processed. ng questions:	, or master permanent cosmetic	tattooer license, certification				
	<u>current</u> and <u>expired</u> profes			ir nas been issued. (List all				
	Professional Type State/Juris	sdiction	License, Certification or Registration Number	Expiration Date				
	listed in question 10.A? Yes ☐ No ☐ If <u>no</u> , provid	de an original Ce	ertified, or registered professional ertification of Licensure (dated we you are not in good standing.	·				
	certified or registered profe	essional for the st	ning or an apprenticeship prog ates/jurisdictions listed in questio Endorsement. Complete the Exan	n 10.A?				
		le a <u>Certification of Licensure/Letter of Good Standin</u> g [◆] (dated within the last pared by the state board or regulatory body. <u>ollowing:</u>						
	☐ Trainir	ng+: (Total hours o	ompleted**)					
	☐ Apprei	nticeship Progran	n: (Total hours completed)					
+	For Master Barbers and Cosmetologist, if	your training wa	s less than 1200 hours, you are	not eligible for a license by				

For Master Barbers and Cosmetologist, if your training was less than 1200 hours, you are <u>not</u> eligible for a license by endorsement. For Barbers, if training is less than 880 hours, you are <u>not</u> eligible for a license by endorsement.

^{**} If the state/jurisdiction **does not verify total hours** for training, the Board will require a transcript from the training provider/training program.

		D.	Have yo professio No Yes	nal for t	•	es/juriso do not ovide a	dictions t qualif Certific	s listed fy by l lication	ed in qu Endor <u>n of Li</u>	uestio semei i <u>censu</u>	n 10./ nt. Co <u>ire/Le</u>	A? omple <u>tter of</u>	te the	Exan	n and	Lice	nse A	pplicat	tion.
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11.	body	? This ise in cor	er been sul ncludes be nnection wi	ut is no ith a dis	ot limite ciplinar	ed to a	iny mor n or vol	netary luntary	y pena y term	alties, ninatio	fines n of a	s, sus	pensi						
12.	barbe	ering, co	er had an a esmetology national ro	/, waxir egulato	ng, nail ry bodyʻ	care, 6 ?	esthetic	cs, bo	ody-pi	ercing	, or t		•						
13.	A.	•		any <u>fe</u>		ithin th	ne last	20 ye	ears?	Any	plea	of no	•			•	-		
	B.	United S	ou been c States of a vithin the la 	iny <u>mis</u> ast two	demear	nor inv ·s? Any	olving plea o	mora mora	al tur _l conte	pitude endere	e, sex e shal	t ual o Il be co	ffens	e, dru	g dis	stribu	ition o		

- 14. 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, Body Piercing Regulations and Esthetics Regulations as applicable.

Signature	Date	