



Virginia Board for Barbers and Cosmetology
TEMPORARY LICENSE APPLICATION
No Fee Required

Temporary licenses expire 90 days from Board approval.

➤ A temporary license may only be issued to applicant for initial licensure.

Select one license type you are requesting:

X	License Type	X	License Type
<input type="checkbox"/>	Barber	<input type="checkbox"/>	Wax Technician
<input type="checkbox"/>	Cosmetologist	<input type="checkbox"/>	Esthetician
<input type="checkbox"/>	Nail Technician	<input type="checkbox"/>	Master Esthetician

1. Did you complete the required training for the professional type selected above?

No If no, you **do not qualify for a temporary license**.

Yes If yes, select below the method you are using to qualify for the exams:

Completion of an approved training program in a Virginia licensed school, a Virginia public school approved by the Virginia Department of Education or a Virginia State institution.

Required Documentation: Attach a completed Training Verification Form

Completion of a training which is substantially equivalent to the Virginia program (at least 80% of Virginia's required hours) that is obtained outside the Commonwealth of Virginia.

Required Documentation: Attach an official school transcript indicating successful completion of a substantially equivalent training program

Completion of the Virginia apprenticeship program.

Required Documentation: A completed Department of Labor and Industry form available from your apprenticeship representative

Endorsement applicant required to complete Virginia examination.

Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology

Virginia licensed master barber with two years of work experience applying for a cosmetology license or a Virginia licensed cosmetologist with two years of work experience or applying for a barber license.

Virginia License Number _____

Exp. Date _____

Required Documentation: Attach a completed Barber & Cosmetology - Experience Verification Form

Other (list qualifying method here): _____

Required Documentation: Verification from the Virginia Board for Barbers and Cosmetology

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

 Last (required) First (required) Middle Generation

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE

3. Provide at least **one** of the following identification numbers*:

Social Security Number and/or _____ - _____

Virginia DMV Control Number

➤ 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 _____ Fax _____

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

10. A temporary license holder must work under the supervision of a currently licensed practitioner. Provide your supervisor's information:

A. Supervisor's Name

First (required) _____ Middle _____ Last (required) _____ Generation _____

B. Supervisor's Virginia License Number _____ Exp. Date _____

C. I, the undersigned, agree to supervise for the above-named individual, and shall be responsible for the actions of the applicant during the time the temporary license is in force for all activities related to the practice of:

Barbering Cosmetology Nail Care Wax Care Esthetician

Sponsor's Signature _____ Date _____

11. 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](#).

12. 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](#).

13. 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? *Any plea of nolo contendere shall be considered a conviction.*
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](#).

➤ **Please Note:**

If you answered "**yes**" to having a prior **Disciplinary Action, Denial of a License** or a **Criminal Conviction** you **may not** be eligible for a temporary license without an Administrative Hearing.

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, and Esthetics Regulations*.

Signature _____ Date _____