

Commonwealth of Virginia
Department of Professional and Occupational Regulation

PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

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Virginia Board for Barbers and Cosmetology
HAIR BRAIDING EXAMINATION & LICENSE APPLICATION
Fee \$75.00

Instructions: Complete this form and mail it with a cashier's check, money order, or credit card payment for the full amount of the fee, payable to **Professional Credential Services, Inc.** at the Professional Credential Services address above. Upon passing the exam, Professional Credential Services, Inc. will send you a FEE NOTICE. Submit the **signed** FEE NOTICE and license fee to the Virginia Board for Barbers and Cosmetology at the Department of Professional and Occupational Regulation.

1. Name _____
Last First Middle Generation

2. Social Security Number or Virginia 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.

3. Date of Birth _____

4. Maiden Name or Former Surname(s) _____

5. Street Address (PO Box not accepted) _____

PHYSICAL ADDRESS REQUIRED

City State Zip Code

6. Mailing Address (PO Box accepted) _____

If a mailing address is submitted, the mailing address will be printed on the license.

City State Zip Code

7. E-mail Address _____

8. Contact Numbers Primary Telephone _____ Ext _____

Alternate Telephone _____ Ext _____

Facsimile _____

9. Have you ever taken the Hair Braiding Examination in Virginia?

No ☐ Month(s)/Year(s) Taken _____

Yes ☐ _____

10. Do you have a current or expired Virginia Cosmetology or Hair Braider License?

No ☐

Yes ☐ Virginia License Number _____ Expiration Date _____

FOR OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	APPLICATION #	FILE# / LICENSE #	ISSUE DATE
			1020			1222	

11. Which method are you using to qualify for the examination? Select only **ONE**.

- ☐ Completion of an approved hair braiding training program in a Virginia licensed cosmetology or hair braiding school or a Virginia public school hair braiding program approved by the Virginia Department of Education
Required Documentation: A completed *Training & Experience Verification Form*
- ☐ Virginia licensed cosmetologist
Required Documentation: ENTER VIRGINIA COSMETOLOGY LICENSE NUMBER HERE:
- ☐ Completion of 170 hours of hair braiding training which is substantially equivalent to the Virginia program that is obtained outside the Commonwealth of Virginia, but within the United States and its territories
Required Documentation: A diploma or official school transcript indicating successful completion of 170 hours of instruction or written verification from the Licensing Board in the state where the 170 hours of training were received
- ☐ Completion of a substantially equivalent hair braiding course (consisting of less than 170 hours of training) and six months of hair braiding work experience. Both training and experience must be obtained outside the Commonwealth of Virginia, but within the United States and its territories
Required Documentation: A certificate, diploma or other documentation verifying successful completion of the hair braiding course and a completed *Training & Experience Verification Form* documenting at least six months of hair braiding work experience
- ☐ Hair braiding training obtained in any Virginia state institution
Required Documentation: A completed *Training & Experience Verification Form*
- ☐ Two years of hair braiding experience in the United States armed forces
Required Documentation: A completed *Training & Experience Verification Form*

12. Do you have a current or expired hair braiding license, certification or registration in any state or jurisdiction within the United States or its territories (excluding Virginia)?

No ☐

Yes ☐ List the licenses, certifications and registrations in the following table.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

13. Have you ever been subject to a disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

14. Have you ever been convicted in any jurisdiction of any misdemeanor or felony? *Any guilty plea or plea of nolo contendere must be disclosed on this application.*

No ☐

Yes ☐ If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; **and** any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

15. 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 hair braiding for the named applicant, and shall be responsible for his/her hair braiding activities during the time the temporary permit is in force.

Printed Name of Sponsor

Signature of Sponsor

Sponsor's VA Hair Braider or Cosmetology License No. _____

16. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 7 of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Hair Braiding Regulations*.

Signature _____

Date _____

Attach

Recent 2x2
Head & Shoulders
Photo Here

**Photocopy pictures are not
permitted**