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 STUDENT INSTRUCTOR - TEMPORARY PERMIT APPLICATION No Fee Required

	All s	tudent instru	ictor tempor	ary permits exp	ire <u>one year</u> fro	m date of issuance.	
			Select the	type of permit yo	ou are requesting	:	
			≭ Stud	ent Instructor Temp	orary Permit Type		
			Barb	er Student Instructor	-		
			Cosn	netology Student Ins	tructor		
			☐ Nail ⁻	Technician Student	nstructor		
			Wax	Technician Student	Instructor		
≻ Н	No 🗆			dent Instructor Ten a second temporal		this profession?	
	rovide your <u>cu</u> irginia Board fo			0,5	ail Technician, or	Wax Technician license	* issued by the
	Virginia Lice	nse Number				Expiration Date	
		a <u>Student Instr</u> echnician Licens	•	<u>ry Permit,</u> you mus	t hold a <i>current</i> Virg	inia Barber, Cosmetology,	Nail Technician,
1.	Full Legal Nan	ne (As it appea	ars on your gove	ernment issued ID o	r other legal docum	entation.)	
	Last (required)		First	(required)	Middle)	Generation
2.	Provide at least	st <u>one</u> of the fo	llowing identifi	ication numbers*:			
	Social S	ecurity Number	r and/or		-	-	
	<u>Virginia</u>	DMV Control Nu	ımber				
	Enter the sa	me identification nur	mber as used on ex	ـــــــا amination, previous appli	cations or licenses on file	e with the department.	
						ge in a business, trade, profession Department of Motor Vehicles.	or occupation issued
3.	Date of Birth	'	,		,	•	
		MM/DD/Y	YYY				
4.	Maiden or For	mer Name(s)					
5.		ss (PO Box acc ng address will be on the license.	'	City			Zip Code
6.	Street Address	: (DO Roy not	accented)		reet Address is the same	as the Mailing Address listed abo	
U.		L ADDRESS REC	1 ,	_		-	
				City		State	Zip Code
OFFICE USE	DATE	FEE	TRANS CODE	ENTITY#	FI	LE #/LICENSE #	ISSUE DATE

7.	Contact Numbers		nhone	Alternate Telephone				Fax					
8.	Primary Telephone Email Address				Ацентате тетернопе					Ιαλ			
	Email address is considered a public record and will be disclosed upon request from a third party.												
9.	instru	, , ,	permit holders mu gist instructor, nail on:	st be sup	ervise	ed by	a <u>curre</u>	ently	licen	sed bar	ber instructo	r, master	
		First (required)		Middle					Last	(required)		Genera	ation
	В.	Supervisor's \	irginia License Nu	mber							Exp. Date		
	C.	Supervisor's S	School Name										
	D.	School's Virgin	nia License Numbe	r							Exp. Date		
	E.		gned, agree to sup during the time the Barbering		nstruc	tor tem			nit is		for all activi		
		Supervisor's S	Signature								Date		
			Care or Wax Care t				ay be s	supervi	ised b	y a licens	sed <u>Nail Techn</u>	ician Instruct	or, Wax
10.	body?	This includes e in connection	subject to a disciple but is not limited with a disciplinary complete the Disciplinary	to any m action or v	onetai olunta	ry pena ry term	alties, ination	fines, of a	SUS	pensions			
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 <u>Denial of Licensure Reporting Form.</u>												
12.	I	United States of conviction. No	peen convicted or to of any <u>felony</u> with yes, complete the	in the las	t 20 y	/ears?	Any ,	plea	of no				
	ı	United States o injury within the No	convicted or four fany misdemeand elast two (2) years' yes, complete the	or involvin? Any plea	ig mo a of no	ral tur _l olo cont	oitude, endere	sexu shall	ual o Il be d	ffense, o	drug distribi	ition or ph	

- 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*.

Signature	Date	