

**Prov Inc.**

150 W Civic Center Blvd, Suite 601  
Sandy, UT 84070

Telephone: (877) 228-3926

Email: [support@provexam.com](mailto:support@provexam.com)

Website: [www.provexam.com](http://www.provexam.com)



Department of Professional and Occupational Regulation

**Virginia Board for Barbers and Cosmetology  
BARBER/MASTER BARBER - 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.

Select one examination type you are requesting:

✕	Examination Type	Fee	✕	Examination Type	Fee
<input type="checkbox"/>	Barber - Practical & Theory Exam	\$194.00	<input type="checkbox"/>	Master Barber - Practical & Theory Exam	\$194.00
<input type="checkbox"/>	Barber - Practical Exam	\$95.00	<input type="checkbox"/>	Master Barber - Practical Exam	\$95.00
<input type="checkbox"/>	Barber - Theory Exam	\$99.00	<input type="checkbox"/>	Master Barber - Theory Exam	\$99.00
<input type="checkbox"/>	Instructor Exam	\$99.00			

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

\_\_\_\_\_  
Last (required) First (required) Middle Suffix

2. 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.

3. Date of Birth \_\_\_\_\_  
MM/DD/YYYY

4. Maiden or Former Name(s) \_\_\_\_\_

5. Mailing Address (PO Box accepted)

The mailing address will be  
printed on the license.

\_\_\_\_\_  
City State Zip Code

6. 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

7. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone Fax

8. Email Address \_\_\_\_\_  
Email address is considered a public record and will be disclosed upon request from a third party.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
					1301	

☐ Barber Instructor Exam    Month/Year taken: \_\_\_\_\_

VA License Number	Expiration Date

Yes ☐ If yes, which method are you using to qualify for the examination? Select only **ONE**.

**Required Documentation:** Attach a completed Training Verification Form

**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.

**Required Documentation:** Attach a certificate, an official school transcript, or other documentation verifying successful completion of the barber course **and** a completed Barber & Cosmetology - Experience Verification Form documenting at least five years of barber work experience

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

VA License Number	Expiration Date

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

**Required Documentation:** Attach a completed Training Verification Form

**Required Documentation:** Contact the Board for further instructions

VA License Number	Expiration Date

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

**Required Documentation:** Attach a completed **Barber/Cosmetology - EXPERIENCE VERIFICATION FORM**.

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

12. Are you applying for the **Master Barber** examination?

No ☐

Yes ☐ If yes, which method are you using to qualify for the examination? Select only **ONE**.

☐ Completion of an approved master barber training program from an approved Virginia licensed barber school

**Required Documentation:** Attach a completed Training Verification Form

☐ Completion of an approved barber training or a dual barber/master barber training program in a Virginia licensed barber school or a Virginia public school barber program approved by the Virginia Department of Education

**Required Documentation:** Attach a completed Training Verification Form

☐ Completion of a master barber 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, but within the United States and its territories

**Required Documentation:** Attach a diploma or official school transcript indicating successful completion of 1500 hours of instruction or written verification from the Licensing Board in the state where the 1500 hours of training were received

☐ Completion of substantially equivalent master barber course (consisting of less than 80% of training hours required in Virginia) and five years of master barber work experience

**Required Documentation:** Attach a certificate, diploma or other documentation verifying successful completion of the master barber course and a completed Barber & Cosmetology - Experience Verification Form documenting at least five years of master barber work experience

☐ Completion of the Virginia apprenticeship program in master barbering

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

☐ Virginia licensed cosmetologist with a minimum of two years of work experience

VA License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

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

☐ Master Barber training obtained in any Virginia state institution

**Required Documentation:** Attach a completed Training Verification Form

☐ Two years of master barbering experience in the United States armed forces

**Required Documentation:** Contact the Board for further instructions

☐ Previously licensed in Virginia by examination and past the reinstatement period.

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

☐ Endorsement applicant required to complete Virginia examination.

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

13. 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 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 ☐ If **no**, provide an original Certification of Licensure\* (dated within the last 60 days) from each state/jurisdiction where you are **not** 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 [bchoplicensing@dpor.virginia.gov](mailto:bchoplicensing@dpor.virginia.gov) or **mailed** from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

14. 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](#).

15. 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](#).

16. 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?

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](#).

17. Are you applying for a temporary permit? **DOES NOT APPLY TO STUDENT INSTRUCTOR TEMPORARY PERMITS.**

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 barbering for the named applicant, and shall be responsible for his/her barber activities during the time the temporary permit is in force.**

\_\_\_\_\_  
Printed Name of Sponsor

\_\_\_\_\_  
Signature of Sponsor

Sponsor's Virginia Barber's License No.

18. 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 \_\_\_\_\_

19. 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

