



West Virginia State Board of Barbers and Cosmetologists

1201 Dunbar Avenue
Dunbar, West Virginia 25064
Tel: 304.558.2924 Fax: 304.558.3450
www.wvbbc.org

Charles Persinger
Executive Director

APPLICATION FOR REGISTRATION

Initial License Application

The following must be included with this application:

- \$35.00 Licensure Fee.
- Official Beauty School Transcripts-With raised seal or stamp
- Copy of High School/GED Diploma
- Exam Results from Third Party Examiner-*Copy of passing letter.*
- Copy of a TB/Health Certificate (within past 12 months).
- Passport-Size Photo
- Copy of photo ID
- Copy of Social Security Card

This box for office use only:

| | |
|-----------------|----------------------|
| License # | <input type="text"/> |
| Type of License | <input type="text"/> |
| Date Registered | <input type="text"/> |
| Date Passed | <input type="text"/> |

OUT-OF-STATE APPLICANT NOTICE

*NOTE: If you are an out-of-state applicant that has a license in another state you must show proof of work history by attaching your tax records to this application if your hours are less than West Virginia's required hours. Remember, West Virginia grants 25 hours for each month employed to be credited towards school hours.

*NOTE: If you have a foreign high school diploma, foreign transcripts from a beauty school or if you attended a domestic online high school and wish to apply for a license, you must have your education evaluated by Aequo International. You are responsible for paying the application fee of \$125.00. Please contact Aequo International at 844-882-3786 for an application or visit <https://nasba.tfaforms.net/327156>

APPLICANT INFORMATION

License Type: Aesthetician Barber-All types Cosmetologist Nail Technician Hair Stylist

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|---------|----------------------|--------------------|----------------------|----------------------|----------------------|--------|----------------------|
| Name | <input type="text"/> | SSN | <input type="text"/> | | | | |
| Address | <input type="text"/> | | Phone | <input type="text"/> | | | |
| City | <input type="text"/> | State | <input type="text"/> | Zip Code | <input type="text"/> | County | <input type="text"/> |
| Email | <input type="text"/> | Date of Exam Taken | <input type="text"/> | | | | |

By submitting this application, I affirm that I have passed the examination and have met all other requirements. I also affirm the required documentation submitted with this application is true and that without the documents above I will be rejected licensure.

Having passed an examination and being otherwise qualified, according to the provisions of Chapter 30, Article 27 Code of West Virginia, I hereby make application for registration for licensure.

Attach Passport Size Photo

HERE

If you submit a non-passport size photo, your application will be returned

Signed By _____

Current Date

This form contains Personally Identifiable Information (PII). The SSN number collected within this form is to manage your license account by effectively identifying your information and **will not** be shared with a third-party. The information collected on this form will be securely protected through the Board's server database. By submitting this form, I agree to the policy.