



Charles Persinger
Executive Director

West Virginia State Board of Barbers and Cosmetologists

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www.wvbbc.org

STUDENT HOUR REQUEST FORM

Please complete this form in its entirety. Incomplete forms will be returned.

Please complete the information on this form. The license certification will be sent to the indicated location on the bottom portion of this form. The processing time for completing this request is usually 1-2 weeks.

Requirements for Processing Include:

- \$35.00 certification fee
- Completed application

YOUR INFORMATION

| | | | |
|--------------------------------------|----------------------|--------------|----------------------|
| Name | <input type="text"/> | SSN | <input type="text"/> |
| Address | <input type="text"/> | | |
| City | <input type="text"/> | State | <input type="text"/> |
| | | Zip Code | <input type="text"/> |
| County | <input type="text"/> | Phone Number | <input type="text"/> |
| School Attended | <input type="text"/> | | |
| Estimated last three months attended | <input type="text"/> | | |
| Estimated year attended | <input type="text"/> | | |

WHERE TO SEND THE HOUR REQUEST

| | | | |
|-------------------|----------------------|----------|----------------------|
| Name of Recipient | <input type="text"/> | | |
| Address | <input type="text"/> | | |
| City | <input type="text"/> | State | <input type="text"/> |
| | | Zip Code | <input type="text"/> |

I affirm that I am requesting my own hours that I have earned and permit that Board to send my information to the requested recipient.

Signature Field Current Date