

West Virginia State Board of Barbers and Cosmetologists

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Dunbar, West Virginia 25064
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www.wvbbc.com

WORK PERMIT APPLICATION

WEST VIRGINIA BARBER/COSMETOLOGY SCHOOL GRADUATES

This is an application for an individual to obtain a work permit that graduated from barber/cosmetology school in West Virginia. Students must have completed their full course of study and be scheduled for the next scheduled exam that the student is eligible to take. This application must be signed by the student **and** the school owner/manager and submitted to the Board office. It is the student's responsibility to have the school owner/manager sign the work permit application and the student's responsibility to submit the application with the applicable \$15.00 permit fee to the Board office.

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I R U P P X W E H L F O X G H G L W K W K L D S S O L F D W L R K H H U W L I L F D W H R I H D O~~

<p>Please make sure:</p> <p><input type="checkbox"/> All fields are completed</p> <p><input type="checkbox"/> \$15.00 permit fee is enclosed</p> <p><input type="checkbox"/> All signature fields are signed</p>	<p>Please check the box below.</p> <p><input type="checkbox"/> This is the first time registered for the exam.</p> <p><input type="checkbox"/> This is the second time registered for the exam.</p> <p><input type="checkbox"/> I have registered for this exam more than three times.</p>	<p>I affirm that all information within this document true and accurate by proof of signatures on this application.</p>
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APPLICANT INFORMATION To be completed by the applicant receiving the work permit.

NAME SSN #

FULL ADDRESS

PHONE # EMAIL

APPLICANT SIGNATURE DATE

SCHOOL INFORMATION To be completed by the school owner or manager.

NAME OF SCHOOL OWNER/MANAGER

DATE GRADUATED HOURS EARNED DATE SCHEDULED FOR EXAM

By my signature below, I affirm on behalf of the name and school above that the information is true and accurate.

SCHOOL OWNER/MANAGER DATE

NOTARY SIGNATURE

The above information and signatures are true to the best of my knowledge.

Notary's Name County Of

State Of

Stamp Here

Sworn and subscribed to me on: Date: Signed By _____

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.