



State of West Virginia  
Board of Barbers and Cosmetologists  
Tel: (304) 558-2924  
Fax: (304) 558-3450  
www.wvbbc.com

MAIL ALONG WITH A COMPLETED APPLICATION FOR LICENSURE TO: WVBBC; P.O. BOX 40235, CHARLESTON, WV 25364

## Application for Waiver of Initial Licensing Fee

### To the Applicant:

This is an application to waive the initial licensing fee for a professional license to practice barbering, cosmetology, nail technology, aesthetics, or hair styling in the State of West Virginia. Pursuant to W. Va. Code § 30-1-22, the Board shall waive initial licensing fees for the following classes of individuals:

- (1) Low-income individuals; and
- (2) Military families

"Initial" means obtaining a license in West Virginia for the occupation sought for the first time;

"Low-income individuals" means individuals in the local labor market as defined in §21-1C-2 of W. Va. Code whose household adjusted gross income is below 130 percent of the federal poverty line. This term also includes any person enrolled in a state or federal public assistance program including, but not limited to, the Temporary Assistance for Needy Families Program, Medicaid, or the Supplemental Nutrition Assistance Program;

"Military families" means any person who serves as an active member of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U. S. C. §101, honorably discharged veterans of those forces, and their spouses. This term also includes surviving spouses of deceased service members who have not remarried.

**APPLICANT INFORMATION-** Complete this section in its entirety. This application must be submitted along with the Application for Registration to receive your professional license

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**VERIFICATION OF ELIGIBILITY-** Check the applicable eligibility category and enclose the required documentation

I currently reside in West Virginia or a portion of the county in which I reside is within 50 miles of the border of West Virginia, and my household adjusted gross income is below 130 percent of the federal poverty line as established by the U.S. Department of Health and Human Services. **As verification of my annual household adjusted gross income, I have enclosed a copy of the appropriate Federal Tax Return(s) for the preceding year.**

I currently serve as an active member, or am an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. **As verification of my service, I have enclosed a copy of my current Military Orders, NGB-22 Form or DD-214 Form.**

I am the surviving spouse of a service member and I have not remarried. **As verification, I have enclosed a copy of my decedent spouse's DD-1300 Form or a Certified Certificate of Death and an NGB-22 Form or DD-214 Form and my Certificate of Marriage with the decedent service member.**

I am currently enrolled in the Temporary Assistance for Needy Families Program (TANF), Medicaid, the Supplemental Nutritional Assistance Program (SNAP) or other state or federal public assistance program with substantially equivalent low-income eligibility requirements. **As verification of my participation, I have enclosed a certified letter or other satisfactory proof from my public assistance program which demonstrates current participation in a state or federal public assistance program with low-income eligibility requirements**

I am the spouse of an active member, or an honorably discharged veteran, of the armed forces of the United States, the National Guard, or a reserve component as described in 38 U.S.C. §101. **As verification of my spouse's service and our marriage, I have enclosed a copy of my spouse's current Military Orders, NGB-22 Form or DD-214 Form and my Certificate of Marriage with the service member.**

### CERTIFICATION

By signing below, I hereby certify that the information contained with this application is true and correct and I have not previously held a license to practice my profession in West Virginia.

\_\_\_\_\_  
Signed By

Current Date: \_\_\_\_\_