



State of West Virginia
 Board of Barbers and Cosmetologists
 Tel: 304.558.2924
 Fax: 304.558.3450
 www.wvbbc.com

PLEASE COMPLETE
PAYMENT METHOD (CIRCLE ONE):
CHECK MONEY ORDER
CHECK/MONEY
ORDER #: _____
CASH IS NOT ACCEPTED

MAIL COMPLETED APPLICATION TO: WVBBC; P.O. BOX 40235, CHARLESTON, WV 25364

Cosmetology/Barber Program Application

REQUIREMENTS - Please attach all requirements below to this application.

- \$50.00 Inspection Fee
- Copy of permit from the Council for Community & Technical College Education or copy of grant award from the Department of Education
- List of Equipment to be installed in the School
- Copy of Student Contract & Handbook
- Description of how student clock hours will be recorded
- Electrical Certification (completed within last 90 days)

SCHOOL INFORMATION

SCHOOL NAME	<input type="text"/>	PHONE 1	<input type="text"/>
SCHOOL ADD.	<input type="text"/>	PHONE 2	<input type="text"/>
SCHOOL CITY	<input type="text"/>	SCHOOL STATE	<input type="text"/>
		SCHOOL ZIP	<input type="text"/>

OWNER(S) INFORMATION

Please check box indicating ownership: Individual(s) Corporation/LLC Government

OWNER/CEO/DIRECTOR NAME 1	<input type="text"/>	FEIN #	<input type="text"/>
OWNER/CEO/DIRECTOR NAME 2	<input type="text"/>	FEIN #	<input type="text"/>
OWNER MAILING ADDRESS	<input type="text"/>		
OWNER CITY	<input type="text"/>	OWNER STATE	<input type="text"/>
		OWNER ZIP	<input type="text"/>

MANAGER INFORMATION

MANAGER'S NAME 1	<input type="text"/>	LICENSE #	<input type="text"/>
MANAGER'S NAME 2	<input type="text"/>	LICENSE #	<input type="text"/>

INSTRUCTOR INFORMATION

INSTRUCTOR'S NAME 1	<input type="text"/>	CERTIFICATE #	<input type="text"/>
INSTRUCTOR'S NAME 2	<input type="text"/>	CERTIFICATE #	<input type="text"/>
INSTRUCTOR'S NAME 3	<input type="text"/>	CERTIFICATE #	<input type="text"/>

Owner/CEO/Director Signature	<input type="text"/>	Date	<input type="text"/>
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