



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

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

INACTIVE REQUEST

This form places your license on inactive status. Please note that you must have a current and active license to be placed on inactive status.

Please include:

\$10.00 Inactive Status Fee Signature at Bottom of Form

Check/Money Order Number: _____

APPLICANT INFORMATION *Your information.*

Name	<input type="text"/>	License #	<input type="text"/>
Address	<input type="text"/>	SSN	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
County	<input type="text"/>	Phone	<input type="text"/>
		Phone 2	<input type="text"/>
Email	<input type="text"/>		

By submitting this application, I understand that my license will be placed on inactive status.

Signature Field

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 may be shared with the WV State Tax Department. 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.