



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: WVBC; P.O. BOX 40235, CHARLESTON, WV 25364

PROVISIONAL LICENSE APPLICATION

This is an application for a provisional license for applicants that hold an expired professional license to practice barbering, cosmetology, manicuring/nails or aesthetics in another State. **The following must be included with this application:**

- \$17.50 licensure fee
- Official Barber or Cosmetology School Transcripts
- Copy of High School Diploma/GED Diploma/ATB Results
- Copy of Government-Issued Photo ID
- Copy of Social Security Card
- License Certification sent from your State Board to WV State Board
- Completed Certificate of Health form (see page 2)

PERSONAL INFORMATION

Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		SSN # <input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
	Zip Code	<input type="text"/>	Phone <input type="text"/>
County	<input type="text"/>		E-mail <input type="text"/>

LICENSING INFORMATION- State in which you hold an expired license to practice barbering, cosmetology, manicuring/nails or aesthetics

License Type	<input type="text"/>	State	<input type="text"/>
Date Licensed	<input type="text"/>		
Expiration Date	<input type="text"/>		

PROFESSIONAL TRAINING- Barber/Cosmetology School Information

School Name	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>		
Dates Attended	<input type="text"/>		

APPLICANT ACKNOWLEDGEMENT

Upon submitting this application, I affirm, through my signature, that the information submitted and completed on or with this application is true in every respect. I understand that by submitting fraudulent documentation that I may risk revocation of my West Virginia provisional license and may face other penalties. I also understand that my provisional license is valid for one (1) year and should I wish to continue provide barber, cosmetology, manicuring/nail or aesthetic services to West Virginia citizens upon the expiration of my provisional license, I must apply and obtain a work permit or professional license from the State of West Virginia Board of Barbers and Cosmetologists.

Signed By _____

Current Date: _____



State of West Virginia
Board of Barbers and Cosmetologists
1201 Dunbar Avenue
Dunbar, WV 25064

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Certificate of Health Form

To the Health Care Professional:

This form should be used for patients who need to be examined by a physician, physician's assistant or a nurse practitioner to apply for a professional license, certificate, registration or permit in the barbering, cosmetology, aesthetics, nail technology or waxing industry. Please complete the below portion of this form and sign and date the form.

To the Applicant:

You need to have a physical examination to apply for a professional license, certificate, registration or permit in barbering, cosmetology, aesthetics, nail technology or waxing. Your physician, physician's assistant or a nurse practitioner must complete, sign and date this Certificate of Health form. You must submit your application within one (1) year from the date of this examination.

Certificate of Health:

I am a duly licensed Physician , duly licensed Physicians Assistant , or duly licensed Nurse Practitioner , and hereby

state that in the course of a routine examination of _____, on
(Applicant's Name)

_____, I found no clinical evidence of the presence of infectious or
(Date of Physical Examination)

communicable disease which would pose a significant risk or direct threat to the health or safety of members of the public in the conduct of the applicant's occupation.

Print Name of Physician: _____ Date: _____

Address of Practice: _____

Physician's Signature: _____ Title: _____