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

OFFICE USE ONLY

Date Registered	
License #	
License Type	

APPLICATION FOR REGISTRATION BY RECIPROCITY

Checklist of Required Documents to Submit with this Application

MAIL COMPLETED APPLICATION TO:

WVBBC
P.O. BOX 40235
CHARLESTON, WV 25364

- ☐ Complete pages 1-3 of this form
- ☐ Proof of name change if name differs on documentation
- ☐ $100.00 Reciprocity Fee (Check or Money Order)
- ☐ Clear and Recent Photograph
- ☐ Completed Certificate of Health Form (See Page 3)
- ☐ Copy of High School Diploma/Transcript, GED Diploma/Transcript, or ATB Exam Results
- ☐ Notarized Barber/Cosmetology School Transcript
- ☐ Copy of Social Security Card
- ☐ Copy of Photo ID
- ☐ Copy of professional license from other state
- ☐ License Certification sent from your State Board to WV State Board
- ☐ Verification of Barber/Cosmetology School training sent from your State Board to WV State Board

TYPE OF LICENSE APPLYING FOR: ☐ **Nail Technician** ☐ **Aesthetician** ☐ **Barber** ☐ **Cosmetologist OR Hair Stylist**

APPLICANT INFORMATION

Name				SSN	
Address				Phone #	
City		State	Zip Code	Phone 2 #	
County		Date of Birth		Email	

EDUCATION-PROFESSIONAL TRAINING

Name of School				Telephone #	
School Address					
Date Enrolled		Date Graduated		Total Hours Earned	

LICENSING INFORMATION

State Originally Licensed				License Type	
Date of Exam		Date Licensed		Expiration Date	
List of All States in Which You Hold a Professional License					

REVISED: July 2025

Pursuant to W. Va. Code §30-1-27, a person shall be granted an occupational or professional license, registration, or certificate if the person has been licensed or certified in another state, the license, registration, or certificate is in the same discipline and at the same practice level as the license, registration, or certificate for which the person is applying in this state and the person meets other conditions prescribed by W. Va. Code §30-1-27.

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NOTICE TO THE APPLICANT

The laws and rules governing the practice of cosmetology, barbering, and other cosmetology-related practices in the State of West Virginia can be found in the WV Code, Chapter 30, Article 27. The code can be obtained by visiting www.wvbbc.com or www.legis.state.wv.us.

If the State where you completed your professional training and the State you are transferring your license from are different States, you must request verification of your training hours from the State Licensing Board where your training was completed. Verifications must be sent directly from the State Licensing Board to the West Virginia Board of Barbers and Cosmetologists prior to the submission of this application. School Transcripts will not be accepted.

RECIPROCITY PROCESS

The reciprocity process is a detailed information gathering process. This is to prevent licensure through fraudulent documentation. The process is outlined below.

1. Complete this application in its entirety. Incomplete forms will be returned.
2. Gather all supporting and required documentation.
3. Contact your current State Board and request a certification of your license and verification of your training be sent to the West Virginia State Board (this may take your Board 3-6 weeks). This information must be sent directly from your current State Board and may be e-mailed to WVBBC@wv.gov or mailed to WVBBC; 1201 Dunbar Avenue, Dunbar, WV 25064.
4. Mail this application along with all the required documentation that is listed on page 1 to: WVBBC - Reciprocity; P.O. Box 40235, Charleston, WV 25364.
5. License will be mailed to you if all requirements have been met.

Overall wait time for the reciprocity completion process may vary depending on the time of your request.

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 license and may face other penalties. I also affirm that the signature below represents that I am familiar with the laws and rules governing the practice of barbering and cosmetology in the State of West Virginia.

Signed By: _____

Current Date: _____

Attach Photograph

HERE

Photograph must fit this box and please do not use staples to attach the photograph

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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: _____