



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

WAXING SPECIALIST CERTIFICATION APPLICATION

Documentation Needed with Application

- \$35.00 Fee
- Official Cosmetology School Transcripts
- Completed Certificate of Health form
- Copy of Social Security Card
- Copy of Photo ID
- Exam Results from Third-Party Examiner
- Recent Photograph
- Copy of High School diploma/GED/ATB Test Results

APPLICANT 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"/>
Email	<input type="text"/>		Date of Exam <input type="text"/>

APPLICANT NOTICE

- *Certificate of Health form must be completed within the last 12 months.
- *If your first, middle, or last name differ on any documentation, you must submit proof of name change (copy of marriage certificate/ license or an official court document).
- *All applicants for initial licensure or certification to practice barbering, cosmetology, nail technology, aesthetics, hair styling, or waxing must meet the requirements for licensure or certification according to the provisions of Chapter 30, Article 27, Code of West Virginia.

**Attach
Recent
Photograph
HERE**

By submitting this application, I affirm that I have passed the examination and have met all other requirements. I also affirm the required documentation submitted with this application is true and that without the documents above, the application will be denied.

Signature Field

Date

Revised: APRIL 28, 2022



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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: _____