



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

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 and other state agencies. 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.



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## Certificate of Health Form

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### 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.

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## 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: \_\_\_\_\_