



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

WORK PERMIT APPLICATION

***APPLICANT NOTICE:** This is an application for an individual to obtain a work permit that graduated from a school of barbering, cosmetology, or other cosmetology-related services in West Virginia or in another state. Students must have completed their full course of study and be scheduled for the examinations through the Board's testing administrator. This application must be signed by the student, the school owner/manager, and a notary public. **If you graduated from a school in another state, you must include the following information with this application: Copy of Government-issued photo ID; Copy of Social Security Card; Official Notarized Transcripts; Copy of High School diploma, GED, or ATB results; and Completed Certificate of Health form. If you are taking your examinations in another state, you must submit a copy of your official work authorization from that state with this application. If you hold a valid license in another state, please apply for licensure by submitting the Application for Registration by Reciprocity. Incomplete applications will be returned.**

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|---|---|---|
| Please make sure: <input type="checkbox"/> All fields are completed <input type="checkbox"/> \$15.00 permit fee is enclosed <input type="checkbox"/> All signature fields are signed | Please check a box below: <input type="checkbox"/> This is the first time registered for the exam. <input type="checkbox"/> This is the second time registered for the exam. <input type="checkbox"/> I have registered for this exam more than three times. | Type of Permit: Aesthetician Barber Cosmetologist Hairstylist Nail Technician Waxing Specialist |
|---|---|---|

APPLICANT INFORMATION To be completed by the applicant receiving the work permit.

NAME SSN #

FULL ADDRESS

PHONE # EMAIL

APPLICANT SIGNATURE DATE

I affirm that all information within this document true and accurate by proof of signatures on this application.

SCHOOL INFORMATION To be completed by the school owner or manager.

NAME OF SCHOOL OWNER/MANAGER

DATE GRADUATED HOURS EARNED DATE SCHEDULED FOR EXAM

By my signature below, I affirm on behalf of the name and school above that the information is true and accurate.

SCHOOL OWNER/MANAGER DATE

NOTARY SIGNATURE

The above information and signatures are true to the best of my knowledge.

Notary's Name County Of

State Of

Stamp Here

Sworn and subscribed to me on: Date:

Signed By _____

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 **will not** be shared with a third-party. 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.