



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

Tel: (304) 558-2924
 Fax: (304) 558-3450
 www.wvbcc.com

APPLICATION FOR REGISTRATION
 Initial License Application

The following must be included with this application:

- \$35.00 Licensure Fee
- Official Barber or Cosmetology School Transcripts
- Examination Results from Third-Party Examiner
- Copy of High School Diploma/GED Diploma/ATB Results
- Copy of Photo ID
- Copy of Social Security Card
- Passport-Sized Photo
- Certificate of Health Form

Office Use Only	
License #	<input type="text"/>
License Type	<input type="text"/>
Registered	<input type="text"/>
Date Passed	<input type="text"/>

APPLICANT NOTICE

- *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).
- *If you attained your high school diploma or if your training from barber/cosmetology school outside of the U.S., or if you completed a domestic online high school program, you MUST have your education evaluated by AEQUO International prior to submitting this application. For an application, please contact AEQUO International at 844.882.3786.
- *Certificate of Health form must be completed by a licensed physician within the last 12 months (see page 2).

APPLICANT INFORMATION

License Type: Cosmetologist Barber - All Types Aesthetician Nail Technician Hair Stylist

Name SSN

Address Phone

City State Zip Code County

E-mail Date of Exam

By submitting this application, I affirm that I have passed the examination and the required documentation submitted with this application is true in every respect and that without the documents above I will be rejected licensure. I understand that by submitting fraudulent documentation that I may risk revocation of my professional license and may face other penalties. *Having passed an examination and being otherwise qualified, according to the provisions of Chapter 30, Article 27, Code of West Virginia, I hereby make application for registration for licensure.*

Signed By _____

Current Date

Attach Photograph

HERE

Photograph must be clear and recent

This application contains Personally Identifiable Information (PII). The SSN number collected within this application 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 application will be securely protected through the Board's server database. By submitting this application, I agree to the policy.



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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: _____