



**Prov Inc.**  
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 Sandy, UT 84070  
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**Virginia Board for Barbers and Cosmetology  
 WAX TECHNICIAN –  
 EXAMINATION & LICENSE APPLICATION**

**Instructions:** Applicants are encouraged to apply online at <https://provexam.com/>

- If you are unable to apply online, complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the examination fee, payable to **Prov Inc** and mail to: Prov Inc, 200 West Civic Center Drive, Suite 160, Sandy, UT 84070
- Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a **new application** and **new examination fee**.

**Select one examination type you are requesting:**

✘	Examination Type	Fee
<input type="checkbox"/>	1214 - Practical & Theory Exam	\$194.00
<input type="checkbox"/>	1214 - Practical Exam	\$95.00
<input type="checkbox"/>	1214 - Theory Exam	\$99.00

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_

Last (required)
First (required)
Middle
Suffix

2. Provide at least **one** of the following identification numbers\*:

**Social Security Number** and/or

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**Virginia** DMV Control Number

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- Enter the same identification number as used on examination, previous applications or licenses on file with the department.
- \* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Date of Birth \_\_\_\_\_  
MM/DD/YYYY

4. Maiden or Former Name(s) \_\_\_\_\_

5. Mailing Address (PO Box accepted) \_\_\_\_\_  
 The mailing address will be printed on the license.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Street Address (PO Box not accepted) \_\_\_\_\_  
**PHYSICAL ADDRESS REQUIRED**

Check here if Street Address is the same as the Mailing Address listed above.

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Contact Numbers \_\_\_\_\_  
Primary Telephone                      Alternate Telephone                      Fax

OFFICE USE ONLY	DATE	FEE	TRANS CODE  1020	ENTITY #	12	FILE #/LICENSE #	ISSUE DATE
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8. Email Address \_\_\_\_\_

Email address is considered a public record and will be disclosed upon request from a third party.

9. Have you been **previously** licensed in Virginia as a practitioner in the fields of **Barber, Master Barber, Cosmetology, Nail Technician, or Wax Technician**?

No

Yes  If yes, provide your license number and expiration date below

VA License Number 

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Expiration Date \_\_\_\_\_

10. Which method are you using to qualify for the examination? Select only **ONE**.

- Completion of an approved wax technician training program in a Virginia licensed waxing school or a Virginia public school wax technician program approved by the Virginia Department of Education or training that is substantially equivalent to the Virginia Program

**Required Documentation:** Attach a completed Training Verification Form

- Completion of a wax technician training which is substantially equivalent to the Virginia program (at least 80% of Virginia's required hours) that is obtained outside the Commonwealth of Virginia, but within the United States and its territories

**Required Documentation:** Attach an official school transcript indicating successful completion of a substantially equivalent training program or written verification from the Licensing Board in the state where the training was received.

- Completion of a wax technician course (that is not substantially equivalent to Virginia) and three years of wax technician work experience

**Required Documentation:** Attach a certificate, an official school transcript, or other documentation verifying successful completion of the wax technician course **and** a completed Barber & Cosmetology - Experience Verification Form documenting at least three years of wax technician work experience.

- Completion of a degree from an institution outside of the United States

**Required Documentation:** Degree must be translated, authenticated, and evaluated by an education evaluation service.

- Wax Technician training obtained in any Virginia state institution

**Required Documentation:** Attach a completed Training Verification Form

- Two years of waxing experience in the United States armed forces

**Required Documentation:** Contact the Board for further instruction.

- Previously licensed in Virginia by examination for less than three years and past the reinstatement period

**Required Documentation:** Verification from the Virginia Board for Barbers and Cosmetology.

- Previously licensed in Virginia for a minimum of three years and past the reinstatement period

**Required Documentation:** Attach a completed Barber/Cosmetology - EXPERIENCE VERIFICATION FORM.

- Endorsement applicant required to complete Virginia examination

**Required Documentation:** Verification from the Virginia Board for Barbers and Cosmetology.

(Continue to next page.)

11. Do you hold a current or have you ever held a **Barber, Master Barber, Cosmetology, Nail Technician, or Wax Technician** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?

No

Yes  If yes, complete the following questions.

A. List the following state/jurisdiction where a license, certification or registration has been issued:

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

B. Are you in good standing as a licensed, certified, or registered professional for the states/jurisdictions listed above?

Yes

No  If **no**, provide an original Certification of Licensure\* (dated within the last 60 days) from each state/jurisdiction where you are **not** in good standing.

\* Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, endorsement, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at [bchoplicensing@dpor.virginia.gov](mailto:bchoplicensing@dpor.virginia.gov) or **mailed** from the regulatory body to:

Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

12. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state, or national regulatory body? This includes, but is not limited to, any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action, or voluntary termination of a license.

No

Yes  If yes, complete the [Disciplinary Action Reporting Form](#).

13. Have you ever had an application for licensure, certification, or registration as a practitioner or instructor **denied** by any (including Virginia) local, state, or national regulatory body?

No

Yes  If yes, complete the [Denial of Licensure Reporting Form](#).

14. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States or outside of the United States, of any **felony** within the last 10 years?

No

Yes  If yes, complete the [Criminal Conviction Reporting Form](#).

15. Are you applying for a temporary license?

No

Yes  If yes, your sponsor must complete and sign the following sponsorship statement:

**I, the undersigned, agree to supervise all activities related to the practice of waxing for the named applicant, and shall be responsible for his/her waxing activities during the time the temporary license is in force.**

Printed Name of Sponsor

Signature of Sponsor

Sponsor's VA **Wax Technician** or **Cosmetology** License No.

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16. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
  - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony (in any jurisdiction).
  - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
  - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
  - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

17. Attach a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current appearance. It must meet the following requirements:
- ⇒ sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
  - ⇒ taken in front of a plain white background
  - ⇒ be a full-face view, directly facing the camera with a neutral facial expression

