



West Virginia State Board of Barbers and Cosmetologists

1201 Dunbar Avenue
Dunbar, West Virginia 25064
Tel: 304.558.2924 Fax: 304.558.3450
www.wvbbc.com

SHAMPOO ASSISTANT APPLICATION

This application is for an individual wanting to be a shampoo assistant in a licensed facility.

*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 have a foreign high school diploma, foreign transcripts from barber/cosmetology school, 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.

Documentation Needed with Application

- \$35.00 Fee Copy of Social Security Card
 Certificate of Health Copy of Government-Issued Photo ID
 Copy of High School diploma, GED, ATB Test Results, or Proof of Enrollment from High School Administrator
 Proof of 3 hours of Sanitation Training (from a Continuing Education Provider or Barber/Cosmetology School)

APPLICANT INFORMATION *Information on Shampoo Assistant.*

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"/>			

I understand that while working, I must possess and show government-issued identification to the Board Inspector if requested. I also understand that I cannot perform any service that exceeds shampooing/rinsing hair or removing rollers/permanent rods or other sink related functions as it pertains to the barber/cosmetology industry.

Applicant Signature	<input type="text"/>	Date	<input type="text"/>
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SHOP INFORMATION *Shop which will employ applicant named above as a Shampoo Assistant.*

Shop Name	<input type="text"/>	Shop License #	<input type="text"/>	
Shop Address	<input type="text"/>	Shop Phone	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	
	Zip Code	<input type="text"/>	Shop County	<input type="text"/>
Shop Owner	<input type="text"/>	Owner's License #	<input type="text"/>	
Shop Manager	<input type="text"/>	Manager's License #	<input type="text"/>	

I understand that the Shampoo Assistant can only shampoo/rinse hair, remove rollers/permanent rods, or other sink related functions. I understand that I may be fined in accordance with Series 7, Schedule of Fines should the Shampoo Assistant exceed his/her scope of practice. I further understand that shop owners/managers are responsible for ensuring Shampoo Assistant(s) follow all laws and rules of the Board.

Owner/Manager Signature	<input type="text"/>	Date	<input type="text"/>
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This form contains Personally Identifiable Information (PII). The SSN 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 database. By submitting this form, I agree to the policy.