



West Virginia State Board of Barbers and Cosmetologists

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Charles Persinger
Executive Director

WORK PERMIT APPLICATION (OUT-OF-STATE)

PLEASE ENCLOSE:

- All fields are completed
- \$15 permit fee is enclosed
- Copy of Photo ID
- Official Beauty School Transcripts - with raised seal or stamp
- Copy of a TB/Health Certificate (within past 12 months)
- Copy of High School/GED Diploma
- Copy of Social Security Card

PLEASE CHECK THE BOX BELOW:

- This is the first time registered for the exam.
- This is the second time registered for the exam.
- I have registered for this exam more than three times.

This is an application to obtain a work permit. You must have completed the full course of study, graduated and be scheduled for the next scheduled exam that you are eligible to take.

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

NAME SSN #

FULL ADDRESS

PHONE # EMAIL

SCHOOL INFORMATION

NAME OF SCHOOL OWNER/MANAGER

DATE GRADUATED HOURS EARNED DATE SCHEDULED FOR EXAM

By my signature below, I affirm that the information above is true and accurate.

APPLICANT SIGNATURE 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.