



State of West Virginia
Board of Barbers and Cosmetologists
Tel: (304) 558-2924
Fax: (304) 558-3450
www.wvbbc.com

MAIL COMPLETED APPLICATION TO WVBBC; P.O. BOX 40235, CHARLESTON, WV 25364

BARBER APPRENTICESHIP APPLICATION

INSTRUCTIONS

This is an application for an individual to enroll in the Barber Apprenticeship Program in the State of West Virginia. This application must be completed in its entirety. Incomplete applications will be returned to the applicant. This application must be received at least 20 days prior to the Apprentice's anticipated start date. After the application has been received by the Board's office, a Board Inspector will contact the Barber Apprenticeship Provider at the telephone # provided on the "Barber Apprenticeship Provider Requirements" section to schedule an inspection of the salon or shop in which the Apprentice will be training. **Please be advised that the applicant is not authorized to start the Barber Apprenticeship Program until an inspection of the salon or shop has been completed and approved by a Board Inspector.** If the salon or shop passes inspection, the applicant will be issued an official Barber Apprentice Permit and he or she may start the program upon receipt of their permit. Rules that govern the Barber Apprenticeship program are W. Va. Code R. § 3-13-1 *et seq.*

BARBER APPRENTICE REQUIREMENTS – The following information must be included with this application:

- ☐ \$85.00 Issuance/Inspection fee
Check/Money Order Number: _____
- ☐ Copy of Government-issued Photo ID
- ☐ Copy of Social Security Card
- ☐ Copy of High School diploma, GED, or Ability-to-Benefit (ATB) Test Results
- ☐ Completed Certificate of Health Form (see page 3)

ANTICIPATED APPRENTICE START DATE: _____

(This application should be submitted 20 days before the anticipated apprentice start date)

BARBER APPRENTICE INFORMATION – To be completed by the Apprentice

Full Apprentice Name: _____

SSN: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone: _____

E-mail Address: _____

BARBER APPRENTICESHIP PROVIDER REQUIREMENTS

- ☐ Has an active Barber license for at least five (5) years and is currently in good standing with the Board
- ☐ Has worked in a licensed shop in the State of West Virginia for the last five (5) years – **must include tax records to prove employment history**
- ☐ Can offer apprenticeship in a licensed salon/shop and is currently in good standing with the Board
- ☐ Has a valid e-mail address and can submit the Apprentice's monthly hours electronically to the Board's office by the 10th of each month in Excel format (an Excel spreadsheet will be sent by the Board to the Apprenticeship Provider's e-mail address after the salon/shop has passed inspection)

BARBER APPRENTICESHIP PROVIDER INFORMATION – To be completed by the Apprenticeship Provider

Full Barber Name: _____ Barber License #: _____

Salon/Shop Name: _____ Salon/Shop License #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

E-mail Address: _____ Phone: _____

Do you wish to be listed as an active Barber Apprenticeship Provider on the Board's website? (circle one)
YES / NO

CERTIFICATION

By submitting this application, we affirm that we have read and understand that we must follow W. Va. Code § 30-27 and Series 13 of the Board's Legislative Rules and we affirm that the required documentation submitted with this application is true and that without the documents listed above, we will be rejected authorization to participate in the Barber Apprenticeship Program. Furthermore, we understand that the Apprentice cannot begin training until an inspection of the salon/shop in which the Apprentice will be training is completed and approved by a Board Inspector.

Apprentice Signature: _____ Date: _____

Apprenticeship Provider Signature: _____ Date: _____

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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: _____