



State of West Virginia
Board of Barbers and Cosmetologists
Tel: 304.558.2924
Fax: 304.558.3450
www.wvbcc.com

MAIL COMPLETED APPLICATION TO:

WVBCC
P.O. BOX 40235
CHARLESTON, WV 25364

School Program Application

This is an application to operate a school of barbering, cosmetology, nail technology, aesthetics, hair styling, or waxing in the State of West Virginia.

REQUIREMENTS - Please include the following with this application.

- \$50.00 Inspection Fee - **Check or Money Order #:** _____ **(Cash is not accepted)**
- Copy of permit from the Council for Community & Technical College Education or copy of grant award from the Department of Education
- List of Equipment to be installed in the School
- Copy of Student Contract & Handbook
- Description of how student clock hours will be recorded
- Electrical Certification (Completed within last 90 days)

SCHOOL INFORMATION

SCHOOL NAME	<input type="text"/>	PHONE 1	<input type="text"/>
SCHOOL ADD.	<input type="text"/>	PHONE 2	<input type="text"/>
SCHOOL CITY	<input type="text"/>	SCHOOL STATE	<input type="text"/>
		SCHOOL ZIP	<input type="text"/>

OWNER(S) INFORMATION

Please check box indicating ownership: Individual(s) Corporation/LLC Government

OWNER/CEO/DIRECTOR NAME 1	<input type="text"/>	FEIN #	<input type="text"/>
OWNER/CEO/DIRECTOR NAME 2	<input type="text"/>	FEIN #	<input type="text"/>
OWNER MAILING ADDRESS	<input type="text"/>		
OWNER CITY	<input type="text"/>	OWNER STATE	<input type="text"/>
		OWNER ZIP	<input type="text"/>

MANAGER INFORMATION

MANAGER'S NAME 1	<input type="text"/>	LICENSE #	<input type="text"/>
MANAGER'S NAME 2	<input type="text"/>	LICENSE #	<input type="text"/>

INSTRUCTOR INFORMATION

INSTRUCTOR'S NAME 1	<input type="text"/>	CERTIFICATE #	<input type="text"/>
INSTRUCTOR'S NAME 2	<input type="text"/>	CERTIFICATE #	<input type="text"/>
INSTRUCTOR'S NAME 3	<input type="text"/>	CERTIFICATE #	<input type="text"/>

Owner/CEO/Director Signature	<input type="text"/>	Date	<input type="text"/>
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