



Department of Professional and Occupational Regulation

CERTIFICATION REQUEST FORM

Fee \$45.00 per request

\$10.00 per additional copy - *No additional charge for Real Estate Individuals

The charge for a Certification of Regulant Status is \$45.00. Additional original copies of the same Certification of Regulant Status may be requested at the same time as the original request at a charge of \$10.00 per copy*.

Payment can be made by [credit card](#), check or money order payable to the **TREASURER OF VIRGINIA**.

- | | | |
|--|--|--|
| <input type="checkbox"/> Appraiser (R.E.) | <input type="checkbox"/> Elevator Mechanic | <input type="checkbox"/> Polygraph Examiner |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Engineer | <input type="checkbox"/> Real Estate* |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Esthetician | <input type="checkbox"/> Residential Building Energy Analyst |
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Geologist | <input type="checkbox"/> Soil Scientist |
| <input type="checkbox"/> Backflow Prevention Device Worker | <input type="checkbox"/> Hearing Aid Specialist | <input type="checkbox"/> Surveyor Photogrammetrist |
| <input type="checkbox"/> Barber | <input type="checkbox"/> Home Inspector | <input type="checkbox"/> Tattooer |
| <input type="checkbox"/> Body Piercer | <input type="checkbox"/> Interior Designer | <input type="checkbox"/> Waste Management Facility Operator |
| <input type="checkbox"/> Boxer | <input type="checkbox"/> Land Surveyor | <input type="checkbox"/> Waterwell System Provider |
| <input type="checkbox"/> Branch Pilot | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Wastewater Works Operator |
| <input type="checkbox"/> CIC Association | <input type="checkbox"/> Lead Abatement | <input type="checkbox"/> Waterworks Operator |
| <input type="checkbox"/> CIC Manager | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Wax Technician |
| <input type="checkbox"/> Contractor | <input type="checkbox"/> Nail Technician | <input type="checkbox"/> Wetland Delineator |
| <input type="checkbox"/> Contractor - Tradesman | <input type="checkbox"/> Optician | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Onsite Sewage System Professional | |

1. How many additional copies (@ \$10 per copy*) are you requesting? _____ + \$45.00 = Total amount due: _____

2. Are you providing a form? Yes ☐ No** ☐ ** If no, the certification will be prepared on a DPOR form.

3. Legal Name _____
 Last First Middle Generation
 Prior Name _____
 Last First Middle Generation

4. Professional Name (if applicable) _____
 Enter any professional name used along with the legal name entered above.

5. Provide **one** of the following identification numbers.
☐ Social Security Number or ☐ Virginia DMV Control Number* - -
 * 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.

6. Mailing Address* _____
 (Certification will be mailed to this address)
 City State Zip Code

* If you are **licensed/certified** by the **Board for Barbers & Cosmetology**, an official certification will be mailed only to a regulatory entity or agency.

7. Email Address _____ 8. Contact Numbers _____
 (Only to be used for communication with the Board staff in regards to your request.) Primary Telephone

9. Virginia License Number:
 Name as it appears on License: _____

10. Signature _____ Date _____
☐ Click here if providing additional information regarding your request and enter info on next page or attach a separate page.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			9003			