



# HAMPTON CITY SCHOOLS

Human Resources Department  
One Franklin Street  
Hampton, Virginia 23669-3570

## ACTION ON LICENSE REQUEST FORM

Please complete the information below to request action on your license.

Name: \_\_\_\_\_ Current Address: \_\_\_\_\_  
 Employee ID#: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 School / Location: \_\_\_\_\_ Position: \_\_\_\_\_

- Renewal  \$50 License renewal can only be requested after January 1 of the expiration year.  
All renewal requirements must be met per the Virginia Licensure Renewal Manual.
  - Duplicate  \$25 Request duplicate license
  - Add Degree  \$25 Add a degree     Master's     Education Specialist     Juris Doctorate     Doctorate
  - Add Endorsements  Evaluate for and/or add endorsement(s) to license (\$50 for each endorsement)
    - \$50 List Endorsement: \_\_\_\_\_
    - \$50 List Endorsement: \_\_\_\_\_
    - \$50 List Endorsement: \_\_\_\_\_
    - \$0 Add endorsement based on VDOE evaluation within the past 3 years (include copy of evaluation)
  - Name change  \$25 If no other request is being made at this time
    - \$0 If another request is made at this time
- From: \_\_\_\_\_  
To: \_\_\_\_\_

**All requests for action on licenses that require a fee must be accompanied by a money order or check, made payable to: "Treasurer of Virginia."**

PLEASE REMEMBER TO PUT YOUR NAME ON YOUR MONEY ORDER.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----

Office Use Only

License # \_\_\_\_\_

|                |       |       |                                  |
|----------------|-------|-------|----------------------------------|
| Date Received: | _____ | _____ | Child Abuse Recognition Training |
| Received By:   | _____ | _____ | CPR/AED/First Aid                |
| Money Order:   | _____ | _____ | Dyslexia Awareness Module        |
| Check:         | _____ | _____ | Civics Education Module          |
| Application:   | _____ | _____ | School Counselor                 |