

Virginia Board for Barbers and Cosmetology
EAR PIERCER EARLOBE ONLY LICENSE APPLICATION
Fee \$120.00

**A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed credit card insert must be mailed with your application package.
 APPLICATION FEES ARE NOT REFUNDABLE.**

- Name _____
 Last First Middle Generation
- 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.
- Date of Birth _____
 MM/DD/YYYY
- Maiden Name or Former Surname(s) _____
- Mailing Address (PO Box accepted) _____
 If a mailing address is submitted, the mailing address will be printed on the license.
 City State Zip Code
- Street Address (PO Box not accepted) ☐ Check here if Street Address is the same as the Mailing Address listed above.
PHYSICAL ADDRESS REQUIRED
 City State Zip Code
- Email Address _____
- Contact Numbers _____
 Primary Telephone Alternate Telephone
- Do you **currently** hold or have you been **previously** licensed in Virginia as a Body Piercer or Ear Piercer?
 No ☐
 Yes ☐ If yes, provide your license number and expiration date below.
 VA License Number _____ Expiration Date _____
- Have you completed a minimum of three hours of health education including, but not limited to blood borne disease and first aid and training on a mechanized, pre-sterilized ear-piercing system that penetrates the outer perimeter and/or lobe of the ear including the aftercare of piercing?
 No ☐ **IF NO, YOU ARE NOT ELIGIBLE FOR LICENSURE**
 Yes ☐ If yes, attach documentation of successful completion of the required health education and training.
- Are you **currently** licensed to practice body-piercing, ear-piercing, or ear-piercing earlobe only in any other state or jurisdiction of the United States?
 No ☐
 Yes ☐ If yes, complete the following questions:

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1245	

A. Complete the following table:

Professional Type	State/Jurisdiction	License, Certification or Registration Number	Expiration Date

12. Are you in good standing as a licensed, certified, or registered professional for the states/jurisdictions listed in question 11A?

No ☐ If no, provide an original Certification of Licensure* (dated within the last 60 days) from each state/jurisdiction where you are not in good standing.

Yes ☐

* Certifications of Licensure/Letter of Good Standing, prepared by the state board or regulatory body must include: 1) the license/certification/registration number; 2) the initial date of licensure; 3) the expiration date of the license; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.); and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

Certification can be **emailed** from the regulatory body to the Board section at bchoplicensing@dpor.virginia.gov or **mailed** from the regulatory body to: Board for Barbers & Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485.

13. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the [Disciplinary Action Reporting Form](#).

14. Have you ever had an application for licensure, certification or registration as a practitioner or instructor in the fields of barbering, cosmetology, waxing, nail care, esthetics, body-piercing, ear-piercing, or tattooing **denied** by any (including Virginia) local, state or national regulatory body?

No ☐

Yes ☐ If yes, complete the [Denial of Licensure Reporting Form](#).

15. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony** within the last 20 years? *Any plea of nolo contendere shall be considered a conviction.*

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** involving moral turpitude, sexual offense, non-marijuana drug distribution or physical injury within the last two (2) years?

No ☐

Yes ☐ If yes, complete the [Criminal Conviction Reporting Form](#).

16. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may desire. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the *Code of Virginia* and the *Virginia Board for Barbers and Cosmetology; Body-Piercing Regulations*.

Signature _____ Date _____