





**TRAINING & EXPERIENCE VERIFICATION FORM**

Department of Professional and Occupational Regulation  
Board for Barbers and Cosmetology  
9960 Mayland Drive, Suite 400  
Richmond, Virginia 23233-1485

**FINAL - APPROVED 2017**

Applicant's Name \_\_\_\_\_  
Last (required) First (required) Middle Generation

Select at least **one** of the following identification numbers:

*Social Security Number* and/or

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

*Virginia* DMV Control Number

\_\_\_\_

➤ Provide the same identification numbers as entered on page 1, question #2.

**TRAINING VERIFICATION:**

- Name of School \_\_\_\_\_
- Mailing Address (PO Box accepted) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Street Address (PO Box not accepted) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- School's Virginia License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Course of Study \_\_\_\_\_
- Training Hours Completed \_\_\_\_\_ Are transfer hours included?  No  Yes
- Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY
- Director/Instructor Name \_\_\_\_\_  
License Number (if applicable) \_\_\_\_\_
- Director/Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**EXPERIENCE\* VERIFICATION:**

Required only for applicants with less than the required number of training hours or applicants applying for Sponsorship.

- Employer's Name \_\_\_\_\_
- Mailing Address (PO Box accepted) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone
- Dates of Employment From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY
- Supervisor/Reference's Name \_\_\_\_\_
- Supervisor/Reference's Signature \_\_\_\_\_ Date \_\_\_\_\_

\* All Tattooers and Body Piercers must have three years of documented work experience within the proceeding five years as a tattooer or body piercer.

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