

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
PSI Services LLC - Virginia Barber Cosmetology Program  
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**Virginia Board for Barbers and Cosmetology  
TRAINING SUBSTITUTION FORM**

**Barber, Master Barber, Cosmetology, Nail Technician and Wax Technician Only -  
Verification of Experience gained outside the Commonwealth of Virginia**

**Section A -** To be completed by the applicant.

**Section B -** To be completed by one of the individuals listed below who will verify the applicant's work experience.

1. Salon/Shop Owner
2. Salon/Shop Manager/Supervisor
3. Licensed Barber/Master Barber/Cosmetologist/Nail Technician/or Wax Technician
4. Self-Employment \* : \_\_\_\_\_

\* If "self-employment" is chosen, your experience may be reviewed by the Board and this will result in a delay of your application being processed. Applicants must provide official documentation to demonstrate experience, such as each year's federal or state tax records showing occupation (e.g., page 2 of IRS Form 1040), business licenses, or revenue and expenditure statements. In some cases, client records may be requested to verify official documentation you have submitted.

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**Section A: Applicant**

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1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_

Last (required)	First (required)	Middle	Generation
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2. Provide **one** of the following identification numbers\*:

**Social Security Number** *and/or*

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**Virginia** DMV Control Number

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➢ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

\* 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.

3. Mailing Address (PO Box accepted) \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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4. Contact Numbers

\_\_\_\_\_

Primary Telephone	Alternate Telephone
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5. Email Address \_\_\_\_\_

Email address is considered a public record and will be disclosed upon request from a third party.

6. Select the License type you are applying for:

Barber      Master Barber      Cosmetology      Nail Technician      Wax Technician

7. I, the undersigned, certify that the foregoing answers and statements are true, and that I have not suppressed any information that might affect the Board's decision to approve this application. I also understand that providing false information may result in denial of a license or possible disciplinary action.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B: Verifier** (Completed by an individual who can attest to the applicant's experience listed above in Section A.)

1. Verifier's Information:

Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Indicate which of the following best describes your relationship to the applicant: (Select **all** that apply)

Salon/Shop Owner

Salon/Shop Manager/Supervisor

Licensed Professional:  Barber  Master Barber  Cosmetologist  Nail Technician  Wax Technician

License Number \_\_\_\_\_ State/Jurisdiction \_\_\_\_\_

Client for self-employed applicant (if requested by the board)

3. In your own words, describe the applicant's work duties (**experience**) for which you have been asked to attest:

- This verification form is used as a means for the Board to verify that an applicant has the experience necessary to become a licensed barber, master barber, cosmetologist, nail technician or wax technician within the Commonwealth of Virginia. Your response is appreciated.

4. Provide the date(s) of when this experience was obtained: \_\_\_\_\_

5. I certify, to the best of my knowledge, all information provided on this form is true and accurate. I understand that providing false information may result in the applicant being denied a license or possible disciplinary action brought against them.

Verifier's Signature \_\_\_\_\_ Date \_\_\_\_\_