Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8509



www.dpor.virginia.gov

Virginia Board for Barbers and Cosmetology TATTOOER/BODY PIERCER- UNIVERSAL LICENSE RECOGNITION APPLICATION

DPOR may require an individual seeking a professional or occupational licensure or government certification pursuant to the Code of Virginia, §54.1-205 to pass an examination specific to relevant state laws.

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select one license type you are requesting:

Х	Universal License Type	Trans	Fee
	1231 - Tattooer License	1021	\$120.00
	1231 - Unlicensed Tattooer - Universal license by exam	1020	\$120.00
	1239 - Tattooing Instructor	1021	\$140.00
	1239 - Unlicensed Tattooing Instructor - Universal license by exam	1020	\$140.00
	1236 - Permanent Cosmetic Tattooer License	1021	\$120.00
	1236 - Unlicensed Permanent Cosmetic Tattooer - Universal license by exam	1020	\$120.00
	1250 - Permanent Cosmetic Tattooer Instructor License	1021	\$140.00
	1250 - Unlicensed Permanent Cosmetic Tattooer Instructor - Universal license by exam	1020	\$140.00
	1237- Master Permanent Cosmetic Tattooer License	1021	\$120.00
	1237- Unlicensed Master Permanent Cosmetic Tattooer - Universal license by exam	1020	\$120.00
	1250 - Master Permanent Cosmetic Tattooer Instructor License	1021	\$140.00
	1250 - Unlicensed Master Permanent Cosmetic Tattooer Instructor License	1020	\$140.00
	1241 - Body Piercer	1020	\$120.00
	1241 - Unlicensed Body Piercer - Universal license by exam	1020	\$120.00

1.	Have you eve Regulation?	r held a licens Yes \square	se and/or certii	icate issued by th	ne Vir	ginia	Dej	partn	nent	of P	rofes	siona	al and	l Occupatio	ona
2.	Full Legal Nan	ne (As it appea	ars on your gove	ernment issued ID o	r othe	· lega	l doc	umer	ntatio	n.)					
	Last (required)		First	(required)			N	liddle						Generat	ion
3.	Provide at leas	st one of the fo	llowing identifi	cation numbers*:											
	Social S	ecurity Number	r and/or] -			- [
	<u>Virginia</u>	DMV Control Nu	ımber												
	Enter the sa	me identification nui	mber as used on exa	amination, previous appli	cations	or lice	nses c	on file v	with th	e depa	artment		ļ		
				ificate, registration or oth umber or a control numb										or occupation is	sued
4.	Date of Birth														
		MM/DD/Y	YYY												
5.	Maiden or For	mer Name(s)													
OFFICE	DATE	FEE	TRANS CODE	ENTITY#				FILE	#/LICE	NSE#				ISSUE DATE	
USE ONLY			1021												

6.	The mailing add	Mailing Address (PO Box accepted) The mailing address will be printed on the license.				State	Zip Code				
7.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED			Check here if Street Address is t							
			City			State	Zip Code				
8.	Contact Numbers	Drimon, Tolon		Alternate T	'alanhana						
9.	Email Address	Primary Teleph	none	Alternate T	elepriorie						
0.	Ziliali / Idai 666	Email addres	ress is considered a public record and will be disclosed upon request from a third party.								
10.	Applicants who hold	l a <u>current</u> license/ce	rtificate	: :							
	A. Do you hold a	current (non-Virginia) licens	se or certificate issued by	a regulatory bo	ard or government	entity?				
		If no, skip to question									
	Yes	•	ld this license/certificate for at least 3 years?								
		•		ot qualify for the Univer 's Exam & License Appli							
	B. Did your curre	nt state or your state o	of origii	nal licensure/certification	require you to p	ass an examination	1?				
	No If no, you do not qualify for the Universal license. You may apply using the Board's exam and license application or the endorsement application. Yes If yes, did that state require you to complete any education, training and/or experience requirements to obtain this license/certificate? No If no, you do not qualify for the Universal license. You may apply by endorsemen										
		using the	ne Boa	rd's Exam & License App	<u>olication</u> or the <u>E</u>	Endorsement Applic	ation.				
	C Complete the	_	odudo	all current and evnired	licenses and/o	r cortification issue	d from any				
	C. Complete the following table and include all current and expired licenses and/or certification issued from any state, territory, possession, or jurisdiction of the United States.										
		ers and Cosmetology a		anding must be emailed frollicensing@dpor.virginia.gov							
	,	State/Jurisdiction	n	License or Certification Number	Did you pass an examination?	Expiration Date					
					Yes						
					Yes						
					Yes						
					Yes						
					Yes						
					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 or renewal date; 4) the means of obtaining licensure (i.e. exam, reciprocity, etc.) and the minimum requirement that were met to qualify for licensure; and 5) all closed disciplinary actions resulting in a violation or undetermined finding.

	D.	applica No			laints or investigations pend		·	ubmitted this				
		Yes		If yes, please give a br	ief description of this compla	aint/pending invest	tigation:					
Skip	to qu	estion#	<u>12.</u>									
11.	For	applican	ts who	do not hold a current	license/certificate:							
	A.	Do you profess		in a state, or jurisdiction of the United States (other than Virginia) that does not regulate your								
		No		If no, you do not qua License Application.	alify for the Universal licens	se. You may app	ly using the Boa	rd's Exam &				
		Yes		If yes, have you worked in this profession for a least three years?								
	No											
	B.	Have y	ou eve	er passed an examinatio	on for this profession in any s	state or territory of	the United States	?				
		No If no, you will be required to take the Virginia examination upon the Board's review of you application. Applicant will be notified by the Board when they are eligible to sit for the examination										
		Yes		If yes, provide the follo	wing information about the e	examination:						
				State/Jurisdiction:		Date of Ex						
	0	1.2-4 -11.2	111-	National/Board-approved e.			showing successful co	ompletion of the				
	C.	LIST AII	ine sta	ate or jurisdiction of the	United States where you hav	Dates of						
				State/Jurisdiction	Profession/Occupation		yment*					
						Start (MM/YY)	Finished (MM/YY)					
				*01								
				"Snow a	minimum of 3 years of empl	oyment.						
	D.	An <u>Exp</u> No		<u>re Verification Form</u> mus Yes	st be complete and submitted	d along with this a _l	pplication. Is one	attached?				
	>	<u>Experier</u>	ice Ve	<u>rification Forms</u> are loca	ated here: Tattooer & Body	Piercer - Experie	nce Verification Fo	<u>orm</u>				
12.	bod licer N	y? This	include nnection	es but is not limited to on with a disciplinary ac	ary action taken by any (incompany any monetary penalties, for tion or voluntary termination mary Action Reporting Form.	fines, suspensions						

13.	A.	Have you ever been convicted or found guilty, regardless of the manner of adjudical United States of any felony within the last 20 years? No	ion, in any jurisdiction of the
		Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>	
	В.	Have you been convicted or found guilty, regardless of the manner of adjudication United States of any <u>misdemeanor</u> involving moral turpitude, sexual offense, non-nephysical injury within the last two (2) years? No No	
		Yes If yes, complete the <u>Criminal Conviction Reporting Form.</u>	
14.	By s	igning this application, I certify the following statements:	
	•	 I am aware that submitting false information or omitting pertinent or material inform application will delay processing and may lead to license revocation or denial of lice 	
	•	I will notify the Board of any changes to the information provided in this application requested license, certification, or registration including, but not limited to any discipate felony or misdemeanor (in any jurisdiction).	
	•	I authorize the Department to verify information concerning me or any statement person, or any source the department may contact. I also agree to present ar required or requested by the Department.	
	•	I authorize any federal, state or local government agency, current or former empleusiness 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 proof Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Tattooing Regulations as applicable.	•
		Signature	Date