

Virginia Board for Barbers and Cosmetology
GUEST TATTOOER LICENSE APPLICATION
Fee \$120.00

LICENSE IS EFFECTIVE FOR ONLY 14 CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

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.

Completed application must include fee and all required documentation. Application is required by 5 p.m. est **21 days** prior to the first day of the period in which the guest tattooer license is requested. Failure to answer all questions, or provide any additional documentation required will result in a delay of processing your application.

1. Name _____

➤ Must attach a legible copy of a government issued photo ID.

2. Provide **one** of the following identification numbers.

☐ Social Security 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. Residents of Virginia may not apply for or obtain a Guest Tattooer License.

3. Date of Birth _____ MM/DD/YYYY

4. Maiden Name or Former Surname(s)

5. Mailing Address (PO Box accepted)

If a mailing address is submitted, the mailing address will be printed on the license.

City _____ State _____ Zip Code _____

6. 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 _____

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|--------------------|-------------------|---------------------|
| 7. Contact Numbers | Primary Telephone | Alternate Telephone |
|--------------------|-------------------|---------------------|

8. Email Address

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

9. Scheduled dates of operation in Virginia From: _____ To: _____
MM/DD/YYYY MM/DD/YYYY

LICENSE IS EFFECTIVE FOR ONLY FOURTEEN (14) CONSECUTIVE DAYS PRIOR TO THE EXPIRATION DATE.

10. Where in the Commonwealth will you be utilizing the guest tattooer license? (List name and location of establishment or convention.)

➤ A Guest Tattooer may obtain up to FIVE Guest Tattooer licenses per calendar year.

OFFICE USE ONLY	DATE	FEE	TRANS CODE 1020	ENTITY #	FILE #/LICENSE # 1233	ISSUE DATE
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11. Do you **currently** hold or have you been **previously** licensed in Virginia as a Tattooer, Guest (Limited Term)Tattooer, Permanent Cosmetic Tattooer or Master Permanent Cosmetic Tattooer?

No ☐

Yes ☐ If yes, provide your license number and expiration date below.

VA License Number

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Expiration Date _____

12. Are you **currently** licensed to practice tattooing in any other state or jurisdiction of the United States?

No ☐

Yes ☐ If yes, attach an original *Certification of Licensure** (dated within the last 60 days) prepared by the state board or licensing body in which you are currently licensed.

- * 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. Do you hold an **expired** tattooing license, certification, or registration in any state or jurisdiction within the United States or its territories (excluding Virginia)?

No ☐

Yes ☐ If yes, complete the following table.

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

14. Have you completed health education including, but not limited to blood borne disease, sterilization and aseptic techniques related to tattooing, and first aid and CPR that is acceptable to the board?

No ☐ **IF NO, YOU ARE NOT ELIGIBLE FOR LICENSURE**

Yes ☐ If yes, attach a certificate or official school transcript indicating successful completion of the training program. All health education courses must be completed from a Board approved Education provider listed on the Board's website (<https://dpor.virginia.gov/Boards/BarberCosmo/>) under the tab section for "Education and Exams".

15. 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](#).

16. 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, or tattooing **denied** by any (including Virginia) local, state or national regulatory body?

No ☐

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

17. 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 10 years?

No ☐

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

18. 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 (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; Tattooing Regulations*.

Guest Tattooer:

Signature _____ Date _____

Guest Sponsor Parlor/Salon - Responsible Manager:

Parlor/Salon Name _____

Parlor/Salon's Virginia License Number

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 Expiration Date _____

As a member of Responsible Management for the Parlor/Salon, we certify that we shall be responsible for the acts or omissions of the guest tattooer in the performance of the tattooing or permanent cosmetic tattooing. We also certify that the guest tattooer will follow the requirements set forth in subsections A and B of the 18VAC41-50-92 of the Tattooing Regulations and they will comply with all Virginia regulations relating to health, sanitation, client qualifications, and standards of practice.

Responsible Manager's (RM) Name _____

RM Signature _____ Date _____