

3. Provide at least **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.

4. Date of Birth _____
MM/DD/YYYY

5. Maiden or Former Name(s) _____

6. Mailing Address (PO Box accepted) _____

The mailing address will be
printed on the license.

City _____ State _____ Zip Code _____

7. 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 _____

8. Contact Numbers _____
Primary Telephone Alternate Telephone

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

10. Have you been **previously** licensed in Virginia as a Barber, Master Barber, Cosmetology, Nail Technician, Wax Technician, Esthetician, Master Esthetician, 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 _____

11. Are you applying for **Barber, Master Barber, Cosmetology, Nail Technician, Wax Technician, Esthetician, or Master Esthetician** Instructor Certification?

No ☐

Yes ☐ If yes, did you complete a course in teaching techniques at post-secondary level?

No ☐

Yes ☐ **Required Documentation:** Transcripts and/or diploma

➤ If you passed an Instructor examination, please complete the exam application relevant to your profession.

12. Are you applying for **Tattooing, Permanent Cosmetic Tattooing, or Master Permanent Cosmetic Tattooing** Instructor Certification?

No ☐

Yes ☐ If yes, complete the **Body Piercer/Tattooer - Experience Verification Form** documenting proof of legally tattooing for at least five years and include with this application (more than one form may be submitted to document five years of experience) and provide proof of passing a course on teaching techniques in a post-secondary education level.

➤ **DO NOT SUBMIT** Body Piercer/Tattooer - Experience Verification form to the exam vendor. Mail directly to DPOR at the address provided at the top of this application.

13. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state, or national regulatory body? This includes, but is not limited to, any monetary penalties, fines, suspensions, revocations, surrender of a license in connection with a disciplinary action, or voluntary termination of a license.
- 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 **denied** by any (including Virginia) local, state, or national regulatory body?
- No ☐
- Yes ☐ If yes, complete the [Denial of Licensure Reporting Form](#).
15. 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 [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 contact. 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 Regulations, Tattooing Regulations, or Esthetics Regulations*.

Signature _____ Date _____