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/EAR-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 TREASURER OF VIRGINIA, or a completed credit card insert must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

## Select one license type you are requesting:

	<u> </u>	-	
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
	? - Ear Piercer	1020	\$140.00
	? - Unlicensed Ear Piercer - Universal license by exam	1020	\$140.00

1.	Have you <u>eve</u> Regulation? No	r held a licens	se and/or certif	icate issued by tl	ne Virginia	Departm	ent of F	Profession	al and C	occupational
2.	Full Legal Nan	ne (As it appe	ars on your gove	rnment issued ID o	r other legal	documen	tation.)			
	Last (required)		First (	First (required)			Middle			Generation
3.	Social So  Virginia  → Enter the sa  * State law rec	ecurity Number  DMV Control Nume identification nurulinguires every applica	r and/or umber mber as used on exa nt for a license, certi	cation numbers*:	ner authorizatio	n to engage i	in a busine	ess, trade, pro		ccupation issued
4.	Date of Birth	MM/DD/Y	YYY							
5.	Maiden or For	mer Name(s)								
OFFICE USE ONLY	DATE	FEE	TRANS CODE 1021	ENTITY#		FILE	#/LICENSE #			ISSUE DATE

6.	Mailing Address (PO Box accepted)  The mailing address will be printed on the license.					State	Zip Code		
7.	Street Address (PO PHYSICAL ADD	Box <u>not</u> accepted) RESS REQUIRED	City	Check here if Street Address is	the <u>same</u> as the Mailir		·		
			City			State	Zip Code		
8.	Contact Numbers	Primary Teleph	none	Alternate T	elephone				
9.	Email Address								
		Email address	s is consi	idered a public record and wil	I be disclosed upon	request from a third	party.		
10.	Applicants who hold a <u>current</u> license/certificate:								
	•	` ,		e or certificate issued by	a regulatory bo	ard or governme	nt entity?		
		If no, skip to question		nse/certificate for at leas	st 3 vears?				
		•		ot qualify for the Unive	•	u may apply by	endorsement		
		using the Yes	Board'	s Exam & License Appli	<u>cation</u> or the <u>En</u>	dorsement Applic	cation.		
	B. Did your currer	nt state or your state o	of origin	al licensure/certification	require you to p	ass an examinat	ion?		
	Yes 🗌 I	icense application or  If yes, did that sta  requirements to obtain  No   If no, y	the end te requ n this lic ou do n	the Universal license. lorsement application. uire you to complete cense/certificate? not qualify for the Univerd's Exam & License Applications of the University of the Unive	any education	, training and/o	r experience		
	•	following table and ir possession, or jurisdi		all <u>current</u> and <u>expired</u> the United States.	l licenses and/o	r certification iss	ued from any		
	A Certification of Licensure/Letter of Good Standing must be emailed from the state board/regulatory body directly to the Board for Barbers and Cosmetology at <a href="mailto:bchoplicensing@dpor.virginia.gov">bchoplicensing@dpor.virginia.gov</a> and must be dated within the last 60 days from each jurisdiction.								
	,	State/Jurisdiction	า	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	rief 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.	•		in a state, or jurisdiction of the United States (other than Virginia) that does $\underline{not}$ regulate your							
		profess No		If no, you do not qua	alify for the Universal licen	se. You may app	ly using the Boa	rd's <u>Exam &amp;</u>			
		Yes		•	d in this profession for a lea	•					
				•	do not qualify for a Univers xam & License Application.	al License at this	time. You may ap	ply using the			
	B.	Have y	ou eve	er passed an examination	on for this profession in any s	state or territory of	the United States	?			
		No			quired to take the Virginia will be notified by the Board	•		•			
		Yes		If yes, provide the follo	owing information about the e	examination:					
				State/Jurisdiction:		Date of Ex	amination				
	C.	Liet all	the etc	National/Board-approved e.	: Attach a copy of a certificate or xamination. United States where you hav		showing successful co	ompletion of the			
	U.	LIST all	lile Sta	ate or jurisdiction of the	Tilled States where you have	Dates of					
				State/Jurisdiction	Profession/Occupation	Emplo					
						Start (MM/YY)	Finished (MM/YY)				
				***							
	*Show a minimum of 3 years of employment.										
	D.	An <u>Exp</u> No		<u>re Verification Form</u> mus Yes	st be complete and submitted	d along with this a	pplication. Is one	attached?			
	>	Experier	ice Ve	<u>rification Forms</u> are loca	ated here: Ear-Piercer/Bod	y-Piercer/Tattoer -	Experience Verifi	cation Form			
12.	bod licer N	y? This	include nnection	es but is not limited to on with a disciplinary ac	nary action taken by any (incomorphic any monetary penalties, stion or voluntary termination than Action Reporting Form.	fines, suspensions of a license.					

13.	<ul> <li>A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any <u>felony</u> within the last 20 years?</li> <li>No</li></ul>
14.	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.
	<ul> <li>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).</li> </ul>
	<ul> <li>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.</li> </ul>
	<ul> <li>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.</li> </ul>
	<ul> <li>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 Tattooing Regulations, Body Piercing Regulations as applicable.</li> </ul>
	Signature Date