



Virginia Board for Barbers and Cosmetology
BODY PIERCER EAR ONLY LICENSE APPLICATION
Fee \$90.00

**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.**

1. Name _____
Last First Middle Generation

2. Provide **one** of the following identification numbers.
 Social Security Number or Virginia DMV Control 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 or a control number issued by the Virginia Department of Motor Vehicles.

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

7. Email Address _____

8. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

9. Do you **currently** hold or have you been **previously** licensed in Virginia as a Body Piercer?
 No
 Yes If yes, provide your license number and expiration date below.
 VA License Number Expiration Date _____

10. Have you completed a minimum of three hours of health education including, but not limited to blood borne disease and first aid and training on a mechanized, pre-sterilized ear-piercing system that penetrates the outer perimeter and/or lobe of the ear including the aftercare of piercing?
 No **IF NO, YOU ARE NOT ELIGIBLE FOR LICENSURE**
 Yes If yes, attach documentation of successful completion of the required health education and training.

11. Are you **currently** licensed to practice body-piercing or body piercing ear only 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.

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1245	

12. Do you hold an expired body-piercing 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

13. 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](#).

14. 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](#).

15. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** (excluding marijuana convictions)?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

16. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action or convicted of a felony or misdemeanor (in any jurisdiction) prior to receiving the requested license. I certify that I have read, understood and complied with all the laws of Virginia under the provisions of Title 54.1, Chapter 7 of the Code of Virginia and the Virginia Board for Barbers and Cosmetology Body-Piercing Regulations.

Signature _____ Date _____