

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
**PSI Services LLC - Virginia Barber Cosmetology Program**  
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Wheat Ridge, CO 80034  
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Department of Professional and Occupational Regulation  
**Virginia Board for Barbers and Cosmetology**  
**BODY PIERCER**  
**EXAMINATION & LICENSE APPLICATION**  
**Fee \$86.00**

**Instructions:** Applicants are encouraged to apply online at <https://vacos.useclarus.com/>

- If you are unable to apply online, complete this form and mail this application with a cashier's check, money order, or credit card payment for the full amount of the examination fee, payable to **PSI Services LLC** at the address listed above.
- Any applicant who does not pass a reexamination within one year of the initial examination date shall be required to submit a new application and new examination fee.

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

\_\_\_\_\_  
Last (required) First (required) Middle Generation

2. 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.

3. Date of Birth \_\_\_\_\_

MM/DD/YYYY

4. Maiden Name or Former Surname(s) \_\_\_\_\_

5. Mailing Address (PO Box accepted) \_\_\_\_\_

The mailing address will be printed on the license.

\_\_\_\_\_  
City State Zip Code

6. Street Address (PO Box not accepted) \_\_\_\_\_

**PHYSICAL ADDRESS REQUIRED**

Check here if Street Address is the same as the Mailing Address listed above.

\_\_\_\_\_  
City State Zip Code

7. Contact Numbers \_\_\_\_\_

Primary Telephone Alternate Telephone Fax

8. Email Address \_\_\_\_\_

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

9. Have you ever taken the Body Piercer Examination in Virginia?

No

Yes  If yes, enter Month(s)/Year(s) Taken \_\_\_\_\_

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		1241	

10. 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 \_\_\_\_\_

11. Which method are you using to qualify for the examination? Select only **ONE**.

Training Completed within the Commonwealth of Virginia:

Completion of an approved body-piercing apprenticeship program in a Virginia licensed body-piercing salon

**Required Documentation:** A completed Body-Piercing Apprenticeship Completion Form

Training Completed outside the Commonwealth of Virginia, but within the United States and its territories:

Completion of a body-piercing training or apprenticeship program which is substantially equivalent to the Virginia program.

**Required Documentation:** Attach a diploma or official school transcript indicating successful completion of the training or apprenticeship program **or** written verification from the Licensing Board in the state where the training was received.

Completion of substantially equivalent body-piercing training or apprenticeship program (consisting of less than 1500 hours of training) **and** five hours of health education (including, but not limited to bloodborne disease, sterilization and aseptic techniques related to body-piercing and first aid and CPR).❖

**Required Documentation:** Attach a certificate, diploma or other documentation verifying successful completion of the training or apprenticeship **and** documentation verifying successful completion of the required health education

Three years of body-piercing work experience within the previous five years **and** completion of at least five hours of health education (including, but not limited to bloodborne disease, sterilization and aseptic techniques related to body-piercing and first aid and CPR).❖

**Required Documentation:** Attach a completed Body Piercer/Tattooer - Experience Verification Form **and** documentation verifying successful completion of the required health education

❖ All health education courses must be completed from a Board approved Education provider listed on the Board's website ([www.dpor.virginia.gov/Boards/BarberCosmo/](http://www.dpor.virginia.gov/Boards/BarberCosmo/)) under the tab section for "Education and Exams".

Previously licensed in Virginia by examination and past the reinstatement period.

**Required Documentation:** Verification from the Virginia Board for Barbers and Cosmetology.

Endorsement applicant required to complete Virginia examination.

**Required Documentation:** Verification from the Virginia Board for Barbers and Cosmetology.

12. Do you hold a current or have you ever held a **body piercer** license, certification or registration issued by any state or territory of the United States (excluding Virginia)?

No

Yes  If yes, complete the following questions.

A. List the following state/jurisdiction where a license, certification or registration has been issued:

State/Jurisdiction	License, Certification or Registration Number	Expiration Date

B. Are you in good standing as a licensed, certified, or registered professional for the states/jurisdictions listed above?

Yes

No  If **no**, provide an original Certification of Licensure❖ (dated within the last 60 days) from each state/jurisdiction where you are **not** in good standing.

- ◆ Certifications of Licensure; 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 the minimum requirement that were met to qualify for licensure;* and 5) *all closed disciplinary actions resulting in a violation or undetermined finding. Certification must be mailed directly to:*

DPOR, Board for Barbers and Cosmetology, 9960 Mayland Drive, Suite 400, Richmond, VA 23233-1485

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. 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 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; Body-Piercing Regulations*.

Signature \_\_\_\_\_ Date \_\_\_\_\_

17. Attach a professional passport compliant 2" x 2" color photo taken within the last 6 months to reflect your current appearance. It must meet the following requirements:

- ⇒ sized so that your head is approximately 1 inch from the bottom of the chin to the top of the head
- ⇒ taken in front of a plain white background
- ⇒ be a full-face view, directly facing the camera with a neutral facial expression

