

Return completed application to:  
 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](http://www.dpor.virginia.gov)



**Board for Barbers and Cosmetology**  
**BODY-PIERCING APPRENTICE CERTIFICATION APPLICATION**  
**No Fee Required**

**NOTE:** This application for certification as a body-piercing apprentice requires designation of a Board approved body-piercing apprenticeship sponsor on a signed and notarized Apprenticeship Agreement. Upon successful completion of the required apprenticeship-training program, the apprentice will be required to also successfully complete the Board's licensing examination and meet other licensing eligibility requirements in order to obtain a body-piercer license.

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 \_\_\_\_\_ (Must be at least 18 years of age.)  
MM/DD/YYYY

4. Mailing Address (PO Box accepted) \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip Code

5. Street Address (PO Box not accepted)  Check here if Street Address is the same as the Mailing Address listed above.  
 \_\_\_\_\_  
City State Zip Code

6. Email Address \_\_\_\_\_

7. Contact Numbers \_\_\_\_\_  
Primary Telephone Alternate Telephone

8. Have you completed a minimum of five (5) hours of health education to include but not limited to bloodborne disease, sterilization, and aseptic techniques related to body piercing, and first aid and CPR?  
 No   
 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 ([www.dpor.virginia.gov/Boards/BarberCosmo/](http://www.dpor.virginia.gov/Boards/BarberCosmo/)) under the tab section for "Education and Exams".

**Apprenticeship Sponsor Designation:**

9. Sponsor's Name \_\_\_\_\_  
 Sponsor's Virginia Body-Piercer License Number: 

1	2	4	1						
---	---	---	---	--	--	--	--	--	--

10. Salon Name \_\_\_\_\_  
 Virginia Salon License Number 

1	2	4	2						
---	---	---	---	--	--	--	--	--	--

BOARD USE ONLY	APPLICATION REVIEW DATE	EAGLES		EAGLES	
		Check for Sponsor Confirmed	<input type="checkbox"/>	Check for Salon Confirmed	<input type="checkbox"/>
		Certification Approved	<input type="checkbox"/>	Certification Denied	<input type="checkbox"/>

11. Salon Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

12. Salon Email Address \_\_\_\_\_

13. Salon Contact Numbers \_\_\_\_\_  
Primary Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

14. Are you requesting Board approval for credits of previous apprenticeship *experience* or *related instruction* completed?  
No   
Yes  If yes, indicate the *number of hours* that you are requesting for approval and attach supporting documentation signed by your designated apprenticeship sponsor listed above.  
*Award of credits is subject to Board approval and can only be awarded prior to the start of the apprenticeship program.*  
Experience - No. of Hrs: \_\_\_\_\_ Related Instruction - No. of Hrs: \_\_\_\_\_

***Required Documentation** - Experience must be verified by submitting a completed the **Training & Experience Verification Form**. Related instruction must be verified by submitting a transcript showing successful completion of related instructions.*

15. I have reviewed with my sponsor Part II. ENTRY. Section 18 VAC 41-60-20. General requirements for body-piercer of the Body-Piercing Regulations, and I am aware of the qualifications for licensure as a body-piercer after I have completed the apprenticeship. **The above information is true and correct.**

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

(Applicants must sign the **Apprenticeship Agreement** on the next page.)

## APPRENTICESHIP AGREEMENT

The purpose of this Apprenticeship Agreement is to establish the obligations of all parties participating in the Virginia Board for Barbers and Cosmetology Apprenticeship Program for Body Piercing.

By affixed signatures, the parties named below acknowledge that they have read and agree to comply with all requirements, terms and conditions established in the Virginia Board for Barbers and Cosmetology Body piercing Apprenticeship Standards and Body-Piercing Regulations.

### ACKNOWLEDGEMENT

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Apprentice

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If Required) Signature of Legal Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Apprenticeship Sponsor

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Body-piercing Salon Owner

### Notarization

In the State of \_\_\_\_\_, City/County of \_\_\_\_\_, subscribed and sworn before me, the undersigned Notary Public in and for the City/County aforesaid this \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_.  
My commission expires the \_\_\_\_\_, day of \_\_\_\_\_, 20 \_\_\_\_\_.  
*Affix official seal here.*

\_\_\_\_\_  
Signature of Notary Public