

Return Completed Application to:  
**Commonwealth of Virginia**  
 Department of Professional and Occupational Regulation  
 9960 Mayland Drive, Suite 400  
 Richmond, VA 23233-1485  
 (804) 367-8509  
[www.dpor.virginia.gov](http://www.dpor.virginia.gov)



**BODY-PIERCING APPRENTICE  
 CERTIFICATION APPLICATION**

**No Application 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. 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 \_\_\_\_\_

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

**PHYSICAL ADDRESS REQUIRED**

City State Zip Code

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. E-mail Address \_\_\_\_\_

7. Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**Apprenticeship Sponsor Designation:**

8. Name \_\_\_\_\_ Body-Piercer License: 1241

9. Salon Name \_\_\_\_\_ Salon License No: 1242

10. Salon Address \_\_\_\_\_

City State Zip Code

11. Salon Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

I have reviewed with my sponsor Part II. ENTRY. Section 18VAC41-60-20. 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.**

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

OFFICE USE ONLY		
Application Review Date: _____	EAGLES Check for Sponsor Confirmed <input type="checkbox"/> Certification Approved <input type="checkbox"/>	EAGLES Check for Salon Confirmed <input type="checkbox"/> Certification Denied <input type="checkbox"/>

**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 of Apprentice

\_\_\_\_\_  
Date

\_\_\_\_\_  
(If required)Signature of Legal Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**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 \_\_\_\_ .

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

*Affix official seal here.*