



PROFESSIONAL CREDENTIAL SERVICES, INC.

Virginia Cosmetology Coordinator

Via USPS Post Office Box 198768 (USPS)

Nashville, TN 37219-8768

Via Courier 150 Fourth Avenue North, Suite 800

Nashville, TN 37219

Virginia Board for Barbers and Cosmetology

BODY-PIERCING TRAINING & EXPERIENCE VERIFICATION FORM

Toll Free: (888) 822-3272

Fax: (615) 846-0153

E-Mail: vacos@pcshq.com

Website: www.pcshq.com

Instructions:

Applicants: Complete items 1 through 10, obtain the required information with signatures on page 2, and then send this form to Professional Credential Services at the above address.

- Verifiers:*
- ◆ A school director or instructor must complete and sign the Training Verification on page 2.
 - ◆ A supervisor or other individual familiar with the applicant's work must complete and sign the Experience Verification on page 2.

1. Name _____
Last First Middle Generation

2. Provide one of the following:

Social Security No. or Virginia DMV Control No.* - -

* 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) _____

City State Zip Code

6. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED

City State Zip Code

7. E-mail Address _____

8. Contact Numbers _____
Primary Telephone Alternate Telephone Facsimile

Select one license type you are requesting:

x	License Type
<input type="checkbox"/>	Body-Piercing
<input type="checkbox"/>	Body-Piercing Apprenticeship Sponsor

9. Signature _____ Date _____

Office Use Only	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
				12		

TRAINING VERIFICATION

1. Name of School _____
2. Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____
3. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____
4. Virginia License Number

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5. Number of Hours Completed _____
6. Course of Study _____
7. Dates Attended From _____ To _____
MM/DD/YYYY MM/DD/YYYY
8. Director/Instructor Name _____
License No. (if any)

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9. Director/Instructor Signature _____ Date _____

EXPERIENCE VERIFICATION

Required only for applicants with less than the required number of training hours.

1. Employer _____
2. Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____
3. Street Address (PO Box not accepted) _____
PHYSICAL ADDRESS REQUIRED

City _____ State _____ Zip Code _____
4. Contact Numbers _____
Primary Telephone Alternate Telephone Facsimile
5. Dates of Employment From _____ To _____
MM/DD/YYYY MM/DD/YYYY
8. Supervisor/Reference's Name _____
9. Supervisor/Reference's Signature _____ Date _____